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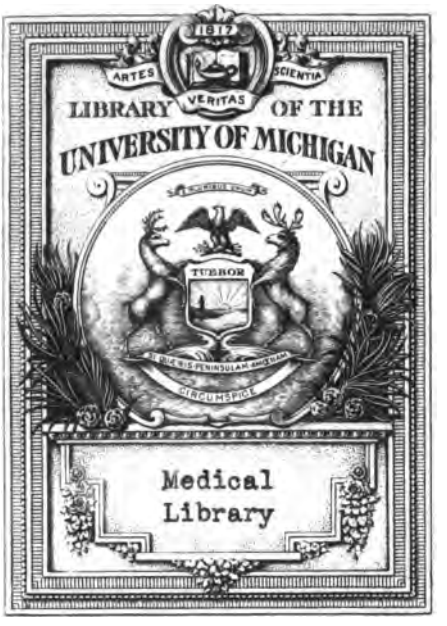

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MEDICAL SOCIETY

OF

NEW JERSEY.

TRANSACTIONS, 1884.

The next Annual Meeting of the MEDICAL SOCIETY OF NEW JERSEY, will be held at Long Branch, on the second Tuesday of June, 1885, at four, P. M.

Each District Society is entitled to three Delegates at large and one additional for every ten members.

The District Reporters are requested to send their reports to the Chairman of the Standing Committee by the 15th of May.

The assessment for the year 1884 upon the District Societies is One Dollar and Fifty Cents for each member.

The Secretaries of the respective Societies are requested to send a list of Delegates and Members to the Recording Secretary, at Orange, on or before the first Tuesday of June, 1885.

TRANSACTIONS

OF THE

MEDICAL SOCIETY

OF

NEW JERSEY.

1884.

L. J. Hardham, Printer, 243 & 245 *Market Street, Newark. N. J.*

1884.

OFFICERS, 1884.

PRESIDENT,

P. C. BARKER, - - - - - - MORRISTOWN.

VICE-PRESIDENTS,

1st. JOSEPH PARRISH, - - - BURLINGTON.
2d. CHARLES J. KIPP, - - - - NEWARK.
3d. JOHN W. WARD, - - - - - TRENTON.

CORRESPONDING SECRETARY.

WM. ELMER, JR., - - - - - TRENTON.

RECORDING SECRETARY,

WM. PIERSON, - - - - - - ORANGE.

TREASURER.

W. W. L. PHILLIPS, - - - - - TRENTON.

STANDING COMMITTEE.

T. J. SMITH, Chairman, - - - - BRIDGETON.
E. J. MARSH, - - - - - - - PATERSON.
D. C. ENGLISH, - - - - NEW BRUNSWICK.

FELLOWS.

All persons who shall have been, or may hereafter be President of the Society, shall rank as Fellows, and be entitled to all the privileges of delegated members.

Act of Incorporation. Sec. 1.

The dates represent the year of official service as President.

Those marked thus [*] are deceased.

*Robert McKean.... ...1766
*William Burnett.....1767
*John Cochran.....1768
*Nathaniel Scudder....1770
*Isaac Smith..... ..1771
*James Newell.....1772
*Absalom Bainbridge....1773
*Thomas Wiggins.....1774
*Hezekiah Stites.....1775
* * * * * *
*John Beatty.....1782
**Thomas Barber.....1773
*Lawrence Van Derveer.1784
*Moses Bloomfield.....1785
*William Burnett.....1786
*Jonathan Elmer.....1787
*James Stratton.....1788
*Moses Scott..... ...1789
*John Griffith.....1790
*Lewis Dunham.....1791
*Isaac Harris.....1792
*Elisha Newell.....1795
*Jonathan F. Morris.....1807
*Peter I. Stryker.....1808
*Lewis Morgan.....1809
*Lewis Condict.....1810
*Charles Smith.....1811
*Matt. H. Williamson...1812
*Samuel Forman..... .1814
*John Van Cleve.....1815
*Lewis Dunham.....1816
*Peter I. Stryker.....1817
*John Van Cleve.....1818
*Lewis Condict.... 1819
*James Lee.....1820
*William G. Reynolds..1821
*Augustus R. Taylor...1822
*William B. Ewing.....1823
*Peter I. Stryker.....1824
*Gilbert S. Woodhull..1825
*Wm. D. McKissack.....1826
*Isaac Pierson..... ...1827
*Jeptha B. Munn.....1828
*John W. Craig.....1829
*Augustus R. Taylor...1830
*Thomas Yarrow.....1831
*Fitz Randolph Smith..1832
*William Forman.....1833
*Samuel Hayes.....1834
*Abm. P. Hageman.....1835
*Henry Van Derveer...1836
*Lyndon A. Smith.....1837

*Benj. H. Stratton.....1838
*Jabez G. Goble.....1839
*Thomas P. Stewart.....1840
*Ferdinand S. Schenck..1841
*Zachariah Read.....1842
*Abraham Skillman.....1843
George R. Chetwood....1844
*Robert S. Smith.....1845
*Charles Hannah.... ...1846
*Jacob T. B. Skillman....1847
Samuel H. Pennington..1848
*Joseph Fithian.....1849
*Elias J. Marsh 1850
*John H. Phillips. 1851
*Othn'l H. Taylor... ...1852
*Samuel Lilly.....1853
*A. B. Dayton.....1854
*J. B. Coleman.....1855
*Richard M. Cooper.....1856
Thomas Ryerson.....1857
*Isaac P. Coleman.....1858
*John R. Sickler.....1859
Wm. Elmer..... 1860
Jno. Blane.....1861
Jno. Woolverton.....1862
Theo. R. Varick. 1863
Ezra M. Hunt.....1864
Abram Coles.....1865
*Benjamin R. Bateman..1866
Jno. C. Johnson.....1867
*Thomas J. Corson.....1868
*Wm. Pierson.....1869
*Thomas F. Cullen.....1870
*Charles Hasbrouck...,1871
Franklin Gauntt.....1872
*T. J. Thomason.....1873
G. H. Larison.....1874
Wm. O'Gorman.....1875
*Jno. V. Schenck.....1876
Henry R. Baldwin.....1877
John S. Cook.....1878
Alex. W. Rogers.....1879
*Alex. N. Dougherty....1880
Lewis W. Oakley... ...1881
John W. Snowden... ..1882
Stephen Wickes..... ..1883

HONORARY MEMBERS.

*David Hosack, New York 1827
*J. W. Francis 1827
*John Condict, Orange 1830
*Usher Parsons, Rhode Island 1839
*Reuben D. Murphy, Cincinnati 1839
*Alban G. Smith, New York 1839
*Willard Parker, New York 1842
*Valentine Mott, New York 1843
*Jonathan Knight, New Haven 1848
*Nath'l Chapman, Philadelphia 1848
*Alexander H. Stephens, New York 1848
*John C. Warren, Boston 1849
*Lewis C. Beck, New York 1850
*John C. Torrey, New York 1850
*George B. Wood, Philadelphia 1853
H. A. Buttolph, Morris Plains, N. J 1854
Ashbel Woodward, Franklin, Conn 1861
*Thomas W. Blatchford, Troy, N. Y 1861
*Jeremiah S. English, Manalapan, N. J 1867
Stephen Wickes, Orange, N. J 1868
S. O. Vanderpool, Albany, N. Y 1872
Jos. Parrish, Burlington, N. J 1872
Ferris Jacobs, Delhi, N. Y 1872
C. A. Lindsley, New Haven, N. Y 1872
Wm. Pepper, Philadelphia 1874
S. Wier Mitchell, Philadelphia 1876
Cyrus F. Brackett, Princeton, N. J 1880
Joseph C. Hutchinson, Brooklyn, N. Y 1880
Thomas Addis Emmett, New York 1884
Isaac Taylor, New York 1884

Members of District Medical Societies

REPRESENTED AT THE

ANNUAL MEETING, 1884.

ATLANTIC COUNTY.

(District Society organized June 7, 1880.)

Edward North, *Pres.*, *Hammonton*
D. B. Ingersoll, *V. P.*, *May's L'd'g*
T. H. Boysen, *Sec'y*, *Egg Har. City*
E. H. Madden, *Treas.*, *Absecom*
Boardman Reed, *Rep.*, *Atlantic C.*
J. B. Somers, *Linwood*
Willard Wright, *Atlantic City*
Charles Gill, *May's Landing*
L. H. Armstrong, *Atlantic City*
Samuel C. Edmunds, *Linwood*
S. A. S. Jessup, *Atlantic City*
Rebecca Hallowell, "
H. H. Bennet, "
Charles Souders, "
William Pollard, "
J. J. Comfort, "
Joseph North, *Pleasantville*

No. Members, 17.

THEO. H. BOYSEN, Secretary.

BERGEN COUNTY.

(District Society reorganized February 28, 1854.)

Milton Turnure, *Pres.*, *Tenafly*
John W. Hopper, *V. P.*, *Hackens'k*
David St. John, *Treas*, "
Dan'l A. Currie, *Sec'y*, *Englewood*
J. M. Simpson, *Rep.*, *Schraalenb'gh*
M. S. Ayres, *Fairview*
H. C. Neer, *Park Ridge*
S. J. Zabriskie, *Westwood*
Thomas Reid, *Norwood*
Frederick Morris, *Closter*
H. A. Crarey, "
Abraham S. Burdett, *Hackensack*
Alex. Clendinen, *Fort Lee*
J. T. De Mund, *Ridgewood*
John J. Haring, *Tenafly*
George E. Brown, *Hackensack*
C. L. Demarest, *Arcola*
Joseph Hüger, *Fort Lee*
J. W. Terry, *Englewood*
Wm. H. P. Taylor, *Ridgefield*
A. P. Williams, *Carlstadt*
Isadore P. Latour, *Fort Lee*
John W. Wells, *Englewood*

No. Members, 23.

DANIEL A. CURRIE, Secretary.

BURLINGTON COUNTY.

(District Society organized May 19, 1829).

Wm. P. Melcher, *Pres.*,	*Mt. Holly*	J. Howard Pugh,	*Burlington*
Wm. L. Martin, *V. P.*,	*Rancocas*	L. Van Rensselaer,	"
A. W. Taylor, *Secretary*,	*Beverly*	Walter E. Hall,	"
E. Hollingshead, *Treas.*,	*Pemberton*	Edward S. Lansing,	"
S. C. Thornton, *Rep.*,	*Moorestown*	H. H. Longstreet,	*Bordentown*
Joseph Parrish, *Hist.*,	*Burlington*	Lewis Jemison,	"
Francis Ashurst, *Censor*,	*Mt. Holly*	Irene D. Young,	"
George Goodell, "	*Sykesville*	Wm. H. Shipps,	"
S. C. Thornton, "	*Moorestown*	R. H. Page,	*Columbus*
Richard E. Brown,	*Mt. Holly*	D. G. Van Mater,	"
W. C. Parry,	"	Lewis L. Sharp,	*Medford*
Wm. Chamberlain,	"	J. Reeve,	"
Chas. Bispham, Jr.,	"	N. Newlin Stokes,	*Moorestown*
Richard H. Parsons,	"	Alex. Elwell,	*Vincentown*
R. C. Barrington,	"	Theo. T. Price,	*Tuckerton*
Franklin Gauntt,	*Burlington*	Alex. Marcy, Jr.,	*Riverton*

HONORARY MEMBERS.

Charles Ellis,	*Burlington*	Chas. H. Thomas,	*1807 Chestnut St., Phila.*

No. Members, 32.

A. W. TAYLOR, Secretary.

CAMDEN COUNTY.

(Society organized August 14, 1846. Meets second Tuesday in May and November).

Dowling Benjamin, *Pres.*,	*Camden*	John F. Walsh,	*Camden*
E. B. Woolston, *V. Pres.*,	*Marlton*	S. B. Irwin,	"
H. Genet Taylor, *Sec'y*,	*Camden*	C. M. Schellenger,	"
Alex. M. Mecray, *Treas.*,	"	Wm. A. Hamilton,	"
John W. Snowden, *Rep.*,	*Ancora*	Wm. H. Ireland,	"
Alexander Marcy,	*Camden*	Wm. H. Iszard,	"
James M. Ridge,	"	Conrad G. Hoell,	"
J. Orlando White,	"	E. P. Townsend,	"
D. Parrish Pancoast,	"	Onan B. Gross,	"
E. L. B. Godfrey,	"	John W. Douges,	"
James A. Armstrong,	"	H. H. Davis,	"
E. J. Snitcher,	"	Randall W. Morgan,	"

Wm. A. Davis,	*Camden*	G.W. Boughman,	*Gloucester City*
N. B. Jennings,	*Haddonfield*	H. A. M. Smith,	"
C. H. Shivers,	"	Edwin Tomlinson,	"
John R. Stevenson,	"	D. W. Blake,	"
H. E. Branin,	*Blackwood*	Daniel M. Stout,	*Berlin*

HONORARY MEMBERS.

Joseph F. Garrison,	*Camden*	Richard C. Dean,	*U. S. N.*
Charles G. Garrison,	"	P. V. Schenck,	*St. Louis, Mo.*
J. Gilbert Young,	*Phila.*	J. B. Hewlings,	*Moorestown*

No. Members, 34. H. GENET TAYLOR, Secretary.

CUMBERLAND COUNTY.

(Society organized Dec. 8, 1818)

George Tomlinson, *Pres.*,	*Shiloh*	Ed. H. Bidwell,	*Vineland*
W. L. Newell, *V. Pres.*,	*Millville*	J. S. Whitaker,	*Millville*
H. W. Elmer, *Sec'y*,	*Bridgeton*	W. H. C. Smith,	"
Jos. Sheppard, *Treas.*,	"	Maximillian West,	"
John Ingram, *Reporter*,	*Vineland*	Henry C. Fithian,	*Port Norris*
William Elmer,	*Bridgeton*	Ephraim Bateman,	*Cedarsville*
J. Barrow Potter,	"	E. R. Bateman,	"
Robert W. Elmer,	"	George M. Paullen,	*Shiloh*
T. J. Smith,	"	Thos. E. Stathem,	*Greenwich*
Charles R. Wiley,	*Vineland*		

HONORARY MEMBER.

Enoch Fithian, *Greenwich.*

No. Members, 19. H. W. ELMER, Secretary.

ESSEX COUNTY.

(Society organized June 8, 1816.)

Wm. J. Chandler, *Pres.*,	*S. Orange*	Charles D. Bennett,	*Newark*
Wm. S. Ward, *V. Pres.*,	*Newark*	William B. Berry,	*Montclair*
Archibald Mercer, *Sec'y*,	"	Herman C. Bleyle,	*Newark*
William Rankin, Jr., *Treas.*,	"	Edward DeL. Bradin,	"
L. Eugene Hollister, *Rep.*,	"	John H. Bradshaw,	*Orange*
Charles H Bailey,	*Bloomfield*	John D. Brumley,	*Newark*
Milton Baldwin,	*Newark*	Carl Büttner,	*Orange*
Aaron K. Baldwin,	"	James B. Burnet,	*Newark*
George Bayles,	*Orange*	Robert L. Burrage,	"

Talbot R. Chambers, *East Orange*
J. Henry Clark, *Newark*
Abram Coles, "
Joseph A. Corwin, "
Theodore W. Corwin, "
Richard G. P. Dieffenbach, "
Daniel M. Dill, "
Arthur C. Dougherty, "
Charles J. Duffy, "
John L. Duryee, "
Emma W. Edwards, "
James Elliott, "
Daniel Elliott, "
Thomas D. English, "
Joseph Fewsmith, Jr., "
Herman P. Gerbert, *Orange*
Robert F. Gillin, *Newark*
Thomas N. Gray, *Orange Valley*
Wm. B. Grover, *East Orange*
Hermann C. H. Herold, *Newark*
Charles W. Hagen, "
Joseph F. Hager, "
Ella Haines, "
Thomas W. Harvey, *Orange*
Joseph H. Haydon, *Newark*
Hugh C. Hendry, "
Jacob Hester, "
Peter V. P. Hewlett, "
Edgar Holden, "
William H. Holmes, *Orange*
Mary D. Hussey, *East Orange*
Edward J. Ill, *Newark*
John E. Janes, "
Anna H. Johnson, *Orange*
George R. Kent, *Newark*
Charles J. Kipp, "
Henry A. Kornemann, "
Charles F. J. Lehlbach, "
John J. H. Love, *Montclair*
Thos. W. Loweree, Jr., *Newark*
Ernest M. Lyon, "
William H. Martland, "
John R. McDermott, "
Andrew M. Mills, "
Sarah R. Mead, "
William O'Gorman, "
Edward A. Osborne, "
Joseph D. Osborne, "
Samuel H. Pennington, "
William Pierson, *Orange*
W. Nick Pindell, *Newark*
J. W. Pinkham, *Montclair*
A. A. Ransom, *South Orange*
Joshua W. Read, *Newark*
Philip Ricord, "
Manning N. Robinson, "
Wm. D. Robinson, *East Orange*
Hugh P. Roden, *Newark*
Charles A. Schureman, "
James Y. Simpson, *Orange*
Daniel M. Skinner, *Belleville*
David S. Smith, *Irvington*
D. Winans Smith, *Newark*
E. Fayette Smith, "
William A. Smith, "
Lott Southard, "
Robert Staehlin, "
Joseph W. Stickler, *Orange*
Charles W. Stickney, *Newark*
Robert M. Sutphen, "
Theron Y. Sutphen, "
Edwin B. Thompson, *Orange*
Francis J. E. Tetreault, "
Hiram H. Tichenor, *Newark*
Charles F. Underwood, "
M. H. Cash Vail, "
Stephen W. Van Duyn, "
George A. Van Wagenen, "

David L. Wallace,	*Newark*	Ed. T. Whittingham,	*Millburn*
Arthur Ward,	"	Stephen Wickes,	*Orange*
Edward M. Ward,	*Bloomfield*	James T. Wrightson,	*Newark*
James H. Ward,	*Newark*	Charles Young,	"
Leslie D. Ward,	"	Joseph C. Young, Jr.,	"
Henry B. Whitehorne,	*Verona*	Charles M. Zeh,	"

No. Members, 108. ARCHIBALD MERCER, Secretary.

GLOUCESTER COUNTY.

(Society organized December, 1818.)

L. M. Halsey, *Pres.*,	*Williamstown*	H. C. Clark,	*Woodbury*
George C. Laws, *Sec'y and Treas.*,	*Paulsboro*	L. A. D. Allen,	*Woodstown*
		Eugene Oliphant,	*Buckingham*
B. F. Buzby, *Rep.*,	*Swedesboro*	John Ashcraft,	*Mullica Hill*
Albert Trenchard,	*Mantua*	L. F. Halsey,	*Swedesboro*
S. D. Fisler,	*Clayton*		

No. Members, 10. GEORGE C. LAWS, Secretary.

HUDSON COUNTY.

(Society organized October 1, 1851.)

G. K. Dickinson, *Pres.*,	*Jersey City*	John Keating,	*Jersey City*
W. P. Watson, *V. Pres.*,	"	George W. King,	*Snake Hill*
J. A. Exton, *Sec'y*,	*Arlington*	John Lochner,	*Jersey City*
C. F. Kyte, *Treas.*,	*Jersey City*	J. T. Luck,	"
George F. Pitts, *Rep.*,	*Hoboken*	T. Lynch,	*Hoboken*
E. P. Buffett,	*Jersey City*	Wm. J. Mackey,	"
C. W. Cropper,	"	W. J. McDowell,	*Jersey City*
Benj. Edge,	"	T. F. Morris,	"
L. W. Elder,	*Hoboken*	F. E. Noble,	"
S. R. Forman,	*Jersey City*	Thos. C. O'Callahan,	"
John Faber,	"	W. J. Parker,	"
L. J. Gordon,	"	James Paul,	"
D. S. Hardenburg,	"	I. N. Quimby,	"
S. A. Helfer,	*Hoboken*	D. L. Reeve,	"
Peter Hoffman,	*Jersey City*	H. E. Rothe,	*Harrison*
John P. Henry,	"	M. F. Squires,	"

MEDICAL SOCIETY OF NEW JERSEY.

H. M. Smith, *Jersey City*
C. A. G. Schuhl, " J. R. Waldemeyer, *Jersey City*
W. H. O. Taylor, " B. A. Watson, "
No. Members, 37.

JAMES A. EXTON, Secretary.

HUNTERDON COUNTY.

(Society organized June 12, 1821.)

W. S. Creveling, *Pres.*, *Bethlehem* M. D. Knight, *Little York*
O. H. Sproul, *Sec'y*, *Stockton* Geo. H. Larison, *Lambertville*
John Blane, *Treas.*, *Perryville* W. R. Little, *Bloomsbury*
C. W. Larison, *Rep.*, *Ringoes* John F. Leavitt, *Baptisttown*
N. B. Boileau, *Perryville* N. B. Oliphant, *Lambertville*
Geo. N. Best, *Rosemont* Geo. L. Romine, "
W. E. Berkaw, *Annandale* W. H. Schenck, *Flemington*
Isaac S. Cramer, *Sergeantsville* Albert Shannon, *Stanton*
John H. Ewing, *Flemington* A. C. Smith, *Bloomsbury*

HONORARY MEMBER.

Wm. D. Wolverton, *Surgeon U. S. A.*
No. Members, 18.

O. H. SPROUL, Secretary.

MERCER COUNTY.

(Society organized July 24, 1848.)

H. M. Weeks, *Prs.*, *Trenton* John Kirby, *Asylum*
Elmer Barwis, *V.P.*, *Chambersburg* L. D. Tompkins, *Harlingen*
Wm. A. Clark, *Sec'y*, *Trenton* H. D. Brock, *Trenton*
C. Shepherd, *Treas.*, " Wm. Rice, "
Henry M. Weeks, *Rep.*, " Edward Skellinger, *Chambersburg*
John Woolverton, " Wm. B. Van Duyn, *Trenton*
W. W. L. Phillips, *Princeton* Edmund DeWitt, *Lawrenceville*
O. H. Bartine, *Trenton* Robert M. Rankin, *Hopewell*
R. R. Rogers, " R. C. Hutchinson, *Chambersburg*
David Warman, " Smith Lewis, *Pennington*
J. L. Bodine, *Princeton* George E. Titus, *Hightstown*
J. H. Wykoff, *Trenton* George H. Franklin, *Windsor*
H. W. Coleman, " Abner Woodward, *Trenton*
Wm. Green, Lloyd Wilbur, *Hightstown*

J. I. B. Ribble,	*Trenton*	Edgar Hart,	*Pennington*
Wm. Elmer, Jr.,	"	Alex. M. Stein,	*Trenton*
Lyman Leavitt,	"	Joseph S. Laning,	*Woodsville*
Thomas H. Mackenzie,	"	Charles Leavitt,	*Trenton*
John W. Ward,	*Asylum*	Charles H. McIlwaine,	"
Wm. S. Lalor,	*Trenton*	R. R. Rogers, Jr.,	"
Charles H. Dunham,	"	O. G. Sands,	*Titusville*
Charles P. Britton,	"	H. G. Wetherill,	*Asylum*
H. Schafer,	"		

No. Members, 45. WM. A. CLARK, Secretary.

MIDDLESEX COUNTY.

(Society organized June 16, 1816. Meets third Wednesday, Jan., Apr., July and Oct.)

T. L. Janeway, *P.*,	*New Brunswick*	N. Williamson,	*New Brunswick*
F.M.Donohue, *V.P.&Rep.*,	"	A. Treganowan,	*South Amboy*
Wm. Mabon, *Sec'y*,	"	John H. Carman,	"
D. C. English, *Treas.*,	"	C. H. Andrus,	*Metuchen*
H. R. Baldwin,	"	A. C. Hunt,	"
A. V. N. Baldwin,	"	E. M. Hunt,	*Trenton*
George G. Clark,	"	S. M. Disbrow,	*Old Bridge*
John Helm,	"	H. D. Zandt,	*Jamesburg*
J. L. Van Deventer,	"	J. C. Holmes,	*Cranbury*
C. H. Voorhees,	"	W. V. Wilson,	*Dayton*

No. Members, 20. WM. MABON, Secretary.

MONMOUTH COUNTY.

(Society organized July 16, 1816.)

Asher F. Applegate,	*Englishtown*	J. B. Goodenough,	*Long Branch*
J. E. Arrowsmith,	*Keyport*	Dan. D. Hendrickson,	*Middletown*
I. N. Beegle,	*Ocean Grove*	S. H. Hunt,	*Long Branch*
Robert R. Conover,	*Red Bank*	George Hutchinson,	*Englishtown*
Henry G. Cook,	*Holmdel*	A. J. Jackson,	*Matawan*
J. E. Cooper,	*Colt's Neck*	Samuel Johnson,	*Ocean Grove*
Stephen A. Disbrow,	*Farmingdale*	Wm. R. Kinmouth,	*Farmingdale*
V. M. Disbrow,	"	I. S. Long,	*Freehold*
Edward Field,	*Red Bank*	Henry Mitchell,	*Asbury Park*
D. M. Forman,	*Freehold*	Harry Nafie,	*Blue Ball*

H. G. Norton,	*Imlaystown*	C. D. W. Van Dyck,	*Perrineville*
James H. Patterson,	*Shrewsbury*	George T. Welch,	*Keyport*
Edgar Roberts,	*Keyport*	George F. Wilbur,	*Asbury Park*
Chas. H. Thompson,	*Ocean Beach*		

HONORARY MEMBERS,

Edward Taylor,	*Middletown*	S. M. Disbrow,	*Farmingdale*
A. A. Howell,	*Allentown*	Robert Laird,	*Manasquan*
		A. V. Conover, *Freehold.*	

No. Members, 27.

MORRIS COUNTY.

(Society organized June 1, 1816.)

W. Pennington, *P.*,	*Baskingridge*	T. B. Flagler,	*Morristown*
A. A. Lewis, *V. Pres.*,	*Morristown*	H. Hulshizer,	*Port Oram*
Fred. W. Owen, *Sec'y*,	"	Smith Hedges,	*Chester*
C. Anderson,	*Madison*	J. C. Lindsley,	*Morristown*
H. B. Andrew,	*Morristown*	L. W. Case,	*Chester*
D. S. Ayres,	*Rockaway*	A. A. Macwithy,	*Pompton*
P. C. Barker,	*Morristown*	Stephen Pierson,	*Morristown*
A. E. Carpenter,	*Boonton*	J. Riches,	*Succasunna*
I. W. Condict,	*Dover*	Wm. H. Risk,	*Summit*
E. P. Cooper,	*Parsippany*	Ed. G. M. Ross,	*Dover*
T. R. Crittenden,	*Dover*	J. G. Ryerson,	*Boonton*
G. O. Cummings,	"	I. H. Stiger,	*Mendham*
H. V. Day,	*Bloomingdale*	J. S. Stiger,	"
J. S. Farrow,	*Flanders*	H. C. Wiggins,	*Succasunna*
Levi Farrow,	*Middle Valley*	E. E. Smith,	*Hanover*

HONORARY MEMBERS.

C. Y. Swan,	*Morristown*	N. Condict,	*Morristown*

No. Members, 30. FRED. WOOSTER OWEN, Secretary.

OCEAN COUNTY.

J. M. Bean, *Pres.*,	*New Egypt*	E. C. Disbrow, *Rep.*,	*Toms River*
P. K. Hilliard, *V.P.*,	*Mannahawkin*	I. C. Schureman, *Sec'y*,	"
R. L. Disbrow, *Treas.*,	*Toms River*	G. S. Tunis,	*Burrsville*

No. Members, 6. I. C. SCHUREMAN, Secretary.

PASSAIC COUNTY.

(Society organized July 14, 1844.)

J. C. Herrick, *Pres.*,	*Passaic*	C. F. W. Meyers,	*Paterson*
G. H. Balleray, *V. Pres.*,	*Paterson*	E. J. Marsh,	"
Philander A. Harris, *Sec'y and Rep.*,	*Paterson*	R. Neer,	"
		Wm. K. Newton,	"
G. W. Terriberry, *Treas.*,	"	T. F. O'Grady,	"
James C. Amireaux,	"	Henry Parke,	"
J. H. Banta,	"	J. P. Paxton,	"
J. S. Bibby,	"	John Quin,	"
Wm. Blundell,	"	F. H. Rice,	*Passaic*
O. V. Garnett,	"	A. W. Rogers,	*Paterson*
J. Henggler,	"	James W. Smith,	"
W. B. Johnson,	"	Calvin Terriberry,	"
T. J. Kane,	"	Garrett Terhune,	*Passaic*
Henry Kip,	"	Richard A. Terhune.	"
John L. Leal,	"	Spencer Van Dalsen,	*Paterson*
J. H. Mackintosh,	"	H. C. Van Gieson,	"
S. F. Mackintosh,	"	C. Van Riper,	"
E. S. McClellan,	"	C. S. Van Riper,	*Passaic*
S. R. Merrill,	"	Henry Davis Withers,	*Paterson*
M. Moss,	"	A. R. Wolfe,	"

No. Members, 39. PHILANDER A. HARRIS, Secretary.

SALEM COUNTY.

(Society organized November 30, 1818.)

B. A. Waddington, *Pres.*,	*Salem*	— Garrison,	*Pennsville*
F. Bilderback, *Vice Pres.*,	"	M. J. Paulding,	*Daretown*
L. W. Reed, *Sec'y and Treas.*,	*Woodstown*	U. Gillman,	*Woodstown*
		L. L. Glover,	*Hancock Bridge*
C. M. Sherron, *Rep.*,	*Salem*	W. L. Ewen,	*Alloway*
J. H. Thompson,	"	L. A. D. Allen,	*Woodstown*
Q. Gibbon,	"	B. F. Buzby,	*Surdesboro*
James Patterson,	"	S. F. Stanger,	*Harrisonville*
A. G. McPherson,	*Quinton*	J. D. Heritage,	*Glassboro*

No. Members, 17. L. W. REED, Secretary.

SOMERSET COUNTY.

(Society organized May, 1816.)

W. J. Swinton, *Pres.*,	*Somerville*	A. P. Hunt,	*Somerville*
S. O. B. Taylor, *V.Pres.*,	*Millstone*	J. F. Berg,	*North Branch*
H. F. Van Der Veer, *R. Sec'y*,	*Somerville*	B. B. Matthews,	*Bound Brook*
		I. L. Compton,	"
J. P. Hecht, *Cor. Sec'y*,	*Raritan*	C. R. P. Fisher,	"
W. H. Merrill, *Treas.*,	*S. Branch*	Geo. V. Van Nest,	*East Millstone*
W. B. Ribble, *Rep.*,	*East Millstone*	Abram Mosher,	*Griggstown*

No. Members, 13. J. P. HECHT, Cor. Secretary.

SUSSEX COUNTY.

(Society organized August 22, 1829.)

J. B. Pellet, *Pres.*,	*Hamburg*	J. P. Couse,	*Hamburg*
C. Davison, *V. Pres.*,	*Stanhope*	B. F. Fergusson,	*Beemerville*
L. D. Miller, *Sec'y*,	*Newton*	J. C. Price,	*Branchville*
E. Morrison, *Treas.*,	"	J. Miller,	*Andover*
Thomas Ryerson,	"	C. V. Moore,	*Stillwater*
J. Linn Allen,	*Lafayette*	H. C. Van Gaesbeck,	*Deckertown*
Joseph Hedges,	*Branchville*	J. F. McCloughan,	*Swartzwood*
P. N. Jacobus,	*Newton*	Wm. H. Douglass,	*Ogdensburg*
E. Schumo,	*Branchville*	J. C. Strader,	*Lafayette*
John Moore,	*Deckertown*	J. N. Miller,	*Laytons*
Edgar Potts,	*Coleville*	Martin Cole,	*Montague*
Carlos Allen,	*Vernon*	Austin W. Condit,	*Andover*
T. Andress,	*Sparta*		

HONORARY MEMBER.

Franklin Smith, *Newton.*

No. Members, 25. L. D. MILLER, Secretary.

UNION COUNTY.

(Society organized June 7, 1869.)

T. N. McLean, *Pres.*,	*Elizabeth*	J. K. McConnell,	*Crawford*
T. H. Tomlinson, *V.P.*,	*Plainfield*	J. B. Probasco,	*Plainfield*
W. A. M. Mack, *Sec'y*,	*Elizabeth*	Wm. K. Gray,	*East Orange*
J. A. Coles, *Treas.*,	*Scotch Plains*	H. D. Burlingham,	*Plainfield*

M. B. Long, *Rep.*,	*Plainfield*	Walter E. Cladek,	*Rahway*
L. W. Oakley,	*Elizabeth*	Victor Mravlag,	*Elizabeth*
H. H. James,	*Rahway*	David Schleimer,	"
James S. Green,	*Elizabeth*	Lewis Drake,	*Rahway*
Alonzo Pettit,	"	Charles A. Hart,	*Plainfield*
J. Otis Pinneo,	"	F. W. Westcott,	*Scotch Plains*
D. W. C. Hough,	*Rahway*	J. B. Harrison,	*Westfield*
F. A. Kinch,	*Westfield*	J. J. Daly,	*Rahway*
Thomas Terrill, Jr.,	*Elizabeth*	H. Page Hough,	"
William Gale,	*Westfield*	G. W. Endicott,	*Plainfield*
Joseph H. Grier,	*Elizabeth*	J. H. Pickett,	*Elizabeth*
W. U. Selover,	*Rahway*	C. M. Field,	*Plainfield*
E. B. Silvers,	"	C. S. McKnight,	"
Thomas L. Hough,	*Elizabeth*	A. Q. Donovan,	*Elizabeth*
Robert Westcott,	"	R. Braun,	"
J. S. Crane,	"		

No. Members, 39.

WM. A. M. MACK, Secretary.

WARREN COUNTY.

(Society organized February 15, 1826.)

P. F. Brakeley,	*Belvidere*	Alva C. Van Syckle,	*Hackettstown*
S. S. Clark,	"	P. F. Hulshizer,	*Stewartsville*
J. M. Paul,	"	L. C. Osmun,	*Delaware*
W. H. McGee,	"	Wm. M. Hartpence,	*Washington*
John C. Johnson,	*Blairstown*	John H. Griffith,	*Phillipsburg*
M. N. Armstrong,	"	Isaac Barber,	"
John S. Cook,	*Hackettstown*	Robert A. Stewart,	"
Theodore Crane,	"	J. J. Roe,	*Vienna*

No. Members, 16.

P. F. BRAKELEY, Secretary.

SUMMARY.

Atlantic,	17	Monmouth,	27
Bergen,	23	Morris,	30
Burlington,	32	Ocean,	5
Camden,	34	Passaic,	39
Cumberland,	19	Salem,	17
Essex,	108	Somerset,	13
Gloucester,	10	Sussex,	25
Hudson,	37	Union,	39
Hunterdon,	18	Warren,	16
Mercer,	45		
Middlesex,	20		574

TRANSACTIONS

OF THE

MEDICAL SOCIETY OF NEW JERSEY.

THE ONE HUNDRED AND EIGHTEENTH ANNUAL MEETING.

STOCKTON HOTEL, CAPE MAY.

TUESDAY, JUNE 10, 1884.

The meeting was called to order in the dining room of the Stockton Hotel at four o'clock by the President, Dr. Wickes.

After prayer by the Rev. G. F. Bishop, of Cape May, the Committee on Organization reported as follows:

The Committee on Organization would respectfully report:

DELEGATES.

Atlantic—T. K. Reed*, J. B. Somers*, D. B. Ingersoll. Members, 17.

Bergen—D. A. Currie*, J. W. Terry*, John W. Hopper*, A. S. Burdett, D. St. John*. Members, 23.

Burlington—L. L. Sharp, W. E. Hall, W. H. Shipps, Wm. P. Melcher, J. Reeve, George Goodell. Members, 32.

Camden—A. M. Mecray, H. G. Taylor, W. H. Iszard, E. Tomlinson, H. E. Brannin, E. L. B. Godfrey. Members, 34.

Cumberland—C. R. Wiley, E. Bateman*, J. S. Whitaker, R. W. Elmer. Members, 19.

Essex—H. E. Hollister, W. H. Holmes, J. C. Young, Joseph Fewsmith, R. F. Gillen, T. N. Gray, W. B. Grover, J. F. Hager, H. C. H. Herold, J. W. Stickler, David Smith, George A. Van Wagenen, C. Bailey. Members, 108.

Gloucester—George C. Laws, H. C. Clark, L. A. D. Allen, Eugene Oliphant. Members, 11.

Hudson—S. A. Helfer, Peter Hoffman, C. A. G. Schuhl, W. P. Watson, I. N. Quimby, H. B. Rue. Members, 37.

Hunterdon—N. B. Oliphant, George L. Romaine*, Isaac S. Cramer, O. H. Sproul, J. F. Leavitt. Members, 18.

Mercer—John W. Ward, R. R. Rogers, Jr., Charles H. McIlvaine, Lyman Leavitt, O. G. Sands, W. A. Clark, D. Warman. Members, 45.

Middlesex—D. C. English, A. V. N. Baldwin, Wm. Mabon, A. C. Hunt. Members, 20.

Monmouth—J. E. Arrowsmith*, S. H. Hunt*, Charles H. Thompson*, N. G. Norton*, George T. Welch. Members, 27.

Morris—J. G. Ryerson, T. B. Flagler, Wm. Pennington*, E. P. Cooper, L. Farrow, A. A. Lewis, T. R. Crittenden. Members, 30.

Ocean—P. R. Hillard*, J. C. Schureman, R. L. Disbrow*. Members, 6.

Passaic—J. C. Herrick, C. Van Riper*, W. K. Newton*, George Terriberry*, S. R. Merrill. Members, 39.

Salem—M. J. Paulding, L. W. Reed, L. L. Glover, U. Gilman. Members, 17.

Somerset—J. L. Compton*, H. F. Van Der Veer*, C. R. P. Fisher, W. B. Ribble. Members, 13.

Sussex—E. Schumo*, A. H. Douglas*, F. Andruss*, J. P. Couse*, B. F. Ferguson*. Members, 25.

Union—H. H. James, T. H. Tomlinson, J. O. Pinneo*, W. W. Selover, T. N. McLane, J. A. Coles. Members, 35.

Warren—John S. Cook*, S. S. Clark, P. F. Hulshizer, P. F. Brakeley*. Members, 16.

Reporters—Atlantic, John E. Sheppard*; Bergen, J. M. Simpson*; Burlington, S. C. Thornton*; Camden, J. W. Snowden; Essex, W. J. Chandler; Gloucester, B. F. Buzby; Hudson, G. F. Pitts*; Hunterdon, C. W. Larison*; Mercer, H. M. Weeks; Middlesex, F. M. Donohue*; Monmouth, D. E. Roberts*; Morris, S. Pierson*; Somerset, W. B. Ribble; Sussex, L. D. Miller*; Union, M. B. Long; Warren, J. Griffith*.

OFFICERS:

President—Stephen Wickes.
First Vice President—P. C. Barker.
Second Vice President—Joseph Parrish,
Third Vice President—C. J. Kipp.
Corresponding Secretary—William Elmer, Jr.
Recording Secretary—William Pierson.
Treasurer—W. W. L. Phillips.
Standing Committee—T. J. Smith. S. S. Clark, E. J. Marsh*.

WILLIAM PIERSON,
W. W. L. PHILLIPS,
W. P. WATSON,
Committee.

On motion, the report was adopted.

Fellows—The following Fellows were present: S. H. Pennington, Wm. Elmer, John Woolverton, E. M. Hunt, F. Gauntt, G. H. Larison, H. R. Baldwin, A. W. Rogers, L. W. Oakley, J. W. Snowden.

Dr. H. G. Taylor, on behalf of the Committee of Arrangements, reported as follows:

Mr. President and Members of the New Jersey Medical Society:

As Chairman of the Committee of Arrangements for our one hundred and eighteenth annual meeting, I am called upon to perform an agreeable duty in reporting to you that the committee, both collectively and individually, have endeavored to make the second session at this great seaside resort of benefit to all attending.

Through the influence and exertions of Drs. Mecray and Carll, of Cape May County, we are largely indebted for the local arrangements here to-day. The Stockton Hotel, one of the largest seaside hotels on the coast, has been secured for our meeting, and with its ample accommodations for an unlimited number of guests, was expected to be opened at this date, but as arrangements could not be perfected in time, it was obtained for the holding of the session.

The local committee, composed of the prominent citizens and cottagers, have generously responded, and offer as a slight testimonial of their appreciation of your visit a banquet at the Hotel Lafayette

*Absent.

this evening, followed by a "hop" at the New Columbia—the latter, I presume, is intended as a token of regard for the fair sex you bring with you—and we trust the enjoyment of both banquet and hop will be a further incentive for the ladies to honor us at all times by their presence at our annual meetings.

To-morrow there will be an excursion to Sewell's Point, a place noted for its fishing grounds. I believe the hour will be one o'clock. The Government Life Saving Service will also give you an exhibition drill about six o'clock this evening, and as many of you were not able to witness it at Atlantic City last year, we have arranged it to take place after the first session to-day, and hope all who are interested in this noble and arduous undertaking will avail themselves of the complimentary exhibit.

The officers of the West Jersey Railroad Company, with their usual liberality, have placed at your disposal a complimentary train, which will return to Camden at five o'clock to-morrow afternoon, and for those wishing to leave earlier, or who may be disposed to remain a day or so after the adjournment of the session, the benefit of all trains to Philadelphia will be at their disposal.

In conclusion, we would add that the committee have had some obstacles to overcome in making this the fourth visit of our Society to the two well-known South Jersey seaside resorts an agreeable and pleasant session, and also in overcoming a too generous reception by the residents and cottagers here.

We have at this meeting endeavored not to infringe upon the business hours of the Society, nor to give to you an excess of hospitality. We regret that the Advisory or Regulating Committee, appointed at the last meeting at Atlantic City, were not able to attend the preliminary meetings of the committee, but we believe they are fully in accord with the arrangements that have been made.

Your committee earnestly trust that the one hundred and eighteenth session of our Society will be remembered as one of the most profitable and pleasant meetings, and that the distinguished guests from our own and sister States, here present, will carry to their homes pleasant recollections of the day spent with the Medical Society of New Jersey.

Respectfully submitted,

H. GENET TAYLOR,

Chairman Committee of Arrangements.

June 10, 1884.

The report was adopted.

Then followed the address of welcome.

Mr. President and Gentlemen of the Medical Society of New Jersey:

It has fallen to my lot to extend to you a welcome, which I most heartily do, on this your second visit to our city. Since your last visit, in 1876, we have been visited by a destructive conflagration, sweeping out of existence all of our largest hotels, except this one in which you are now assembled. But Cape May, like Phœnix, has risen from its ashes, and you now see in the place of the lost other structures equally imposing, two of which are brick, and all in architectural beauty and magnificence of appointments second to none in any watering place in the world. We have here everything to please the eye, rest and refresh the body, restore health to the enfeebled, and give enjoyment and recreation to the seeker of pleasure. There are many things of which we feel justly proud, our magnificent beach, affording perfectly safe bathing by its very gradual descent and regular, hard, smooth surface, with the fast land coming down to the very edge of the water. Our excellent, well-planned sewer system, laid down in almost every one of our streets, having sufficient fall to quickly carry off all effete matter far away from the town, giving such a sanitary condition that the mortality of both city and county is the lowest of any in the State. This is not a thing in prospect, depending upon companies to complete, but *au fait accompli*, and that by our own efforts. Our State Board of Health, through its secretary, has expressed unqualified approval and commendation of our system. Nor are our hotels and boarding houses a whit behind in their internal sanitary arrangements. Not less than $10,000 was expended in this hotel alone during last year in replacing and improving its drains and general sanitary arrangements, The same care has also been exercised in all our other hotels, both large and small. We believe we can safely assure our visitors against dangers from septic influences. Our water supply is in most excellent condition, furnishing about one million gallons daily, and distributed through all the most thickly settled portions of the town, giving an abundant supply of excellent, pure, fresh water, not from surface springs, but drawn from the very bowels of the earth and stored in three large tanks, and from them distributed through mains to every part of the city, furnishing a freshly drawn supply con-

stantly, and not from stagnant ponds or reservoirs. Our fire department is worthy of mention, consisting of two steam fire engines of the best construction, with hose carts, hook and ladder truck, and a well organized and drilled fire department. A pair of well trained, powerful horses are kept by the city, ready at the first tap of the bell to draw the engines to the place of danger. Our costly experience of 1878 has led us to see well to it that every possible appliance is ready to meet such emergencies.

Our beach drive, extending from the western limits of the city to Cold Spring inlet, on the very edge of the surf, a distance of four miles, needs no comment, as it is only to see it to admire it. Then, too, we can with just pride point to our noble iron pier, which you can now see nearing its completion, stretching out its long arm to the winged messengers of the deep, and inviting them to fold their wings and rest themselves by its strong sides. It is 1,000 feet in length and 30 in width. At its terminal end a depth of 20 feet of water furnishes no less than six landing places for vessels, at which they may rest in security. It is built by the Phœnix Bridge Company, of Pennsylvania, whose very name gives a guarantee of its security and completeness. The immunity which the trend of the shore line and a natural breakwater about two miles from the shore gives us from the destructive force of the waves in heavy storms, will make our pier a place of resort for steam and sailing vessels during all the year. Then, too, not to be behind other places of resort, a noble elephant rears his huge head and body about one mile west of the town, and will undoubtedly be as great a source of wonder and amusement as the celebrated Light of Asia of Barnum, or at least as his compeers of other places. We would only mention our drives about the city, along the beach front and throughout the county as unsurpassed by any seaside resort; our two railroads, the one 2½ miles to Cape May Point and steamboat landing on the bay shore, the other to Sewell's Point two miles to Cold Spring inlet, both in a short ride carrying visitors to as good sailing and fishing grounds as can be found in the State. We will not consume your time by mentioning facts relative to our humidity, temperature and prevailing winds, but would refer to a very able report of Prof. Smock, Assistant State Geologist, well worth perusal by all seeking healthful, pleasant resort, either summer or winter. Some remarkable facts are brought to light in this report, giving us the advantage over all other seaside resorts in equableness of temperature,

in this country, with the single exception of Key West. I fear, gentlemen, that I have already trespassed too long on your time and patience and will therefore close, by again bidding you welcome, hearty welcome to the hospitalities of our city, and trust you will frequently in the future cheer us with your presence.

He was followed by his Honor, the Mayor of Cape May, who in a very happy manner expressed the satisfaction it gave him to welcome the Society to the city.

The minutes of the last annual meeting were read and approved.

On motion of Dr. Godfrey it was voted that the following named gentlemen—Drs. B. Lee, Wm. Welch, W. K. Baldwin, W. B. Atkinson, J. C. Hall, P. H. Allis, J. J. Leavitt, R. J. Levis, H. F. Forman, Hiram Corson, W. B. Ulrich, E. L. Green, W. R. D. Blackwood, F. H. Woodbury, of Pennsylvania, and J. H. Hunt, of New York, and all physicians who may be present from this or any other State—be invited to seats as corresponding members.

A telegram was received and read from the Governor of this State regretting his inability to be present at this meeting.

The Business Committee presented their printed programme as its report, which was on motion accepted.

D. B. Ingersoll, delegate to the American Medical Association; D. C. English, delegate to the Medical Society of Connecticut, and D. Benjamin, read their respective reports. All were, on motion, voted to be referred to Committee on Publication.

Dr. Hunt stated that the meeting of the Medical Society of Massachusetts is held at the same time as ours, and that Dr. North, our delegate, is in attendance at this meeting.

The Committee on Medical Ethics reported as follows:

The Standing Committee, as a Committee on Medical Ethics, would report in the case of appeal of Dr. Warman from the Mercer District Society, that there is no ground for appeal.

T. J. SMITH,
E. J. MARSH,
S. S. CLARK,
Committee.

On motion the report was adopted.

On motion, the order of business was suspended, in order to allow the Committee on Treasurer's Accounts to report.

The following is the report:

The Committee whom you, at the last annual meeting of the Society, directed to examine the accounts of the Treasurer, would respectfully report:

Amount received from late Treasurer, on deposit in Newark Savings Institution, 1874.....	$2,169 75
Cash.....	30 00
Total.....	$2,199 75
Receipts from all sources, 1875.....	990 00
" " " 1876.....	874 00
" " " 1877.....	942 00
" " " 1878.....	1,027 25
" " " 1879.....	943 00
" " " 1880.....	503 00
" " " 1881.....	1,041 00
" " " 1882.....	1,068 00
Receipts from interest on U. S. Bonds.....	166 50
" " " Savings Fund.....	257 74
" " Newark Savings Institution.....	2,259 14
Total receipts from 1874 to 1883.....	$12,271 38

DISBURSEMENTS.

As per Vouchers, 1874	$587	22
" 1875	901	18
" 1876	816	02
" 1877	803	14
" 1878	722	75
" 1879	1,472	96
" 1880	541	18
" 1881	1,906	18
" 1882	1,159	83
Purchase of U. S. 4 per cent. Bonds	1,716	70
Total disbursements from 1874 to 1883	$10,627	16

Deduct $10,627.16 (total disbursements) from $12,271.38 (total receipts), leaving a balance of $1,644.22 assets, $1,550 of which are U. S. 4 per cent. Bonds, and a balance of $182.81 remaining in the Newark Savings Institution and $88.99 in the hands of the Treasurer.

As directed by the Society, Dr. Phillips has furnished a bond to the amount of $5,000, which is now in the possession of the Secretary.

The Committee does not hold itself responsible for the validity of the bond, but believes it to be good.

L. W. OAKLEY,
H. GENET TAYLOR,
H. M. WEEKS,
Committee.

On motion, the report was adopted.

On motion of Dr. Oakley, it was ordered that the Treasurer be instructed to exchange the U. S. 4 per cent. Bonds for U. S. Registered Bonds, at his very earliest convenience.

Order of business resumed.

The Secretary announced the following as the Nominating Committee. The names were reported to him by the several delegations. The President appointed Dr. S. S. Clark as the chairman:

NOMINATING COMMITTEE.

Atlantic, D. B. Ingersoll; Burlington, W. H. Shipps; Camden, C. M. Mecray; Cumberland, C. R. Wiley; Essex, D. Smith; Gloucester,

G. C. Laws; Hudson, W. P. Watson: Hunterdon, J. S. Cramer; Mercer, L. Leavitt; Middlesex, Wm. Mabon; Monmouth, George T. Welch; Morris, J. G. Ryerson; Ocean, J. C. Schureman; Passaic, J. C. Herrick; Salem, L. W. Reed; Somerset, W. B. Ribble; Union, H. H. James; Warren, S. S. Clark.

The President appointed the following committees:

Committee on Treasurer's Accounts—L. W. Oakley, H. G. Taylor, H. M. Weeks.

Committee on Unfinished Business—Wm. Elmer, W. J. Chandler, Joseph C. Young.

On motion the Society adjourned till 7.30 P. M.

SEVEN THIRTY O'CLOCK.

The Society reassembled, the President in the chair.

On motion the order of business was suspended to allow the Treasurer, Corresponding Secretary and Committee on Unfinished Business to report.

The report of the Treasurer was received and referred to Committee on Treasurer's Accounts. (See Appendix.)

The Corresponding Secretary read his report, which was on motion adopted. (See Appendix.)

The Committee on Unfinished Business reported that there is no unfinished business excepting what appears on the printed programme.

Order of business resumed.

The President then delivered the annual address, the subject of which was "Living and Dying; their Physics and Psychics."

The subject was ably handled, and was received with manifest interest by the Society.

On motion of Dr. Gauntt the thanks of the Society were voted to the President for his address, and a copy requested for publication in the Transactions.

Dr. Pennington, in behalf of the Committee on Educa-

tion, made a verbal report, and offered the following resolutions:

Resolved, That this Society approve and adopt the recommendations of the Special Committee on the Curriculum of preparation to be required of persons contemplating the study of medicine in this State, as contained in the report presented at the last annual meeting of this Society.

Resolved, That to carry out the recommendations of said report in regard to censorship, as therein contemplated, the Society is of opinion that two Boards of Censors be appointed, consisting each of five members of this Society, one for the northern and one for the southern part of the State, to whom should be presented for approval the credentials of all persons proposing the study of medicine, and, in case of the insufficiency of such credentials, to examine the applicant in the branches of science and learning indicated in the report of the committee.

Resolved, That the Standing Committee prepare and report to the Society for its adoption, such amendments of its By-Laws as are necessary to carry out the plan and recommendations of the committee.

Resolved, That the Corresponding Secretary communicate the action of this Society on this subject to the District Medical Societies of this State, with instructions to adopt such regulations as shall effectually secure the observance of the measures adopted by this Society in their several localities.

Resolved, That the Corresponding Secretary communicate the action of this Society on this subject to the State Medical Societies of the several Commonwealths of the Union, and respectfully request their co-operation with us in this effort to elevate the standard of medical education throughout the country.

On motion, it was ordered that the consideration of the resolution be made the first order of business at the morning session.

Report of Standing Committee.

A motion to postpone the reading of the report until the morning session was offered by Dr. Elmer, but was not carried.

Dr. Smith, the Chairman of the Committee, then proceeded to read its report. When about half through, he was interrupted by a motion offered by Dr. E. M. Hunt, that the further reading of the report be postponed until the morning session, the time to be arranged by the Committee of Arrangements. Carried.

On motion, the Society adjourned until to-morrow, at 9 A. M.

WEDNESDAY, TEN O'CLOCK A. M.

President in the chair.

The resolutions presented by the Committee on Education were taken up *seriatim* for consideration. Drs. E. M. Hunt, B. A. Watson, Ridge, Godfrey and English urged their adoption. Drs. Kipp and Welch opposed their adoption. The second resolution was amended so that the Board of Censors shall be "appointed by the Standing Committee each year. The word "States" was substituted for "Commonwealths."

On motion of Dr. Parrish, the resolutions as a whole were then adopted.

Dr. E. M. Hunt offered the following, which was adopted:

Resolved, That the Committee on Education be continued, and be asked to report next year to the Society what is feasible to be done to test the competency of graduates of various medical colleges who hereafter seek to settle in this State.

Dr. E. M. Hunt also presented the following, which was adopted:

Resolved, That a committee of three be appointed by the chair, to report this afternoon, what in its judgment can or ought to be done by County Medical Societies, or by local officers, to prevent unlicensed persons who record imperfect licenses from this State.

The President appointed Drs. Parrish, Pennington and Welch as the committee.

Dr. Smith completed the reading of the report of the Standing Committee. Drs. Gauntt, Ridge, Quimby, E. M. Hunt, D. C. English, Hulshizer and Rogers availed themselves of the privilege of the five minutes rule to remark upon the same.

On motion of Dr. Benjamin it was voted that the report be adopted and published in the Transactions.

The report on Medical Jurisprudence was by request of the committee and consent of the Society made by Dr. Garrison.

Dr. Benjamin moved that the report be referred to a committee of five, and that it may report any modification at the next annual meeting. Not carried.

Dr. Hunt moved that it be referred back to the original committee for amendments. Carried.

Dr. Hunt offered the following, which was adopted:

Resolved, That this Society recognizes the importance of some legislation as to the modes of securing expert testimony.

The report of the Committee on Army Medical Museum and Library of Surgeon-General's Office was presented by Dr. A. B. Watson, its chairman. (See Appendix.)

The following resolutions, which were appended to the report, were adopted:

WHEREAS, It is learned with regret that both these collections are in great jeopardy from fire or accident through the insecurity and unsuitableness of the building in which they are stored; it is

Resolved, That Congress be respectfully urged to provide suitable indestructible quarters for these invaluable treasures, to secure them against any possible contingency of loss or damage.

Resolved, That it is the sense of this meeting that the management of these national collections has been eminently successful in the past, and that any change of administration could not only be injurious to

their interest, but would cast an undeserved stigma upon the office of the Surgeon-General of the Army.

Resolved, That we again respectfully petition Congress to provide suitable annual appropriations for the increase and preservation of the museum and library, and also for carrying on the valuable Index Catalogue of the Surgeon-General's office.

Resolved, That a committee of three be appointed by the President of this Society to prepare suitable memorial, which shall be printed and sent to each of our representatives in Congress.

Drs. B. A. Watson, H. G. Taylor and E. M. Hunt were appointed as the Committee.

The report of Committee on Lunacy was read by Dr. Parrish, and on motion of Dr. Benjamin was adopted. (See Appendix.)

On motion of Dr. Hunt the committee was continued, and was requested to extend its services in behalf of the Society to the Council of State Charities and Correction appointed by the Governor of the State.

The Committee on Treasurer's Report reported that it had examined the accounts of the Treasurer, and had found them to be in accord with the Treasurer's report. The Committee recommends that the assessment of the District Societies for the next year be $1.50 *per capita*. (See Appendix.) The report and the recommendation as to the assessment were, on motion, adopted.

The Committee on Honorary Membership reported favorably of the nominations of Dr. Isaac E. Taylor and T. A. Emmett, of New York, for honorary membership. A ballot was taken, and both were declared elected.

Dr. Kipp, Third Vice-President, read an essay on "The Prevention and Treatment of Purulent Conjunctivitis."

Dr. G. T. Welch followed with an essay on "Many Drugs: Few Remedies."

The thanks of the Society were, on motion of Dr.

Chandler, voted to both for their papers, and copies of the same were requested for publication.

On motion, it was resolved that the attention of the State Board of Health be called to the contagion of ophthalmia, which can be guarded against by circulars of instruction to families.

The Committee on Honorary Membership reappointed for the three years.

The present Business Committee reappointed.

Business Committee reported paper by Dr. Ill, by title, "Several Cases of Ovariotomy," which was, on motion, referred to Committee on Publication.

Drs. O'Hare and W. B. Ulrich, delegates from the Medical Society of Pennsylvania, being formerly presented, appropriately responded in behalf of their Society.

The following was received:

To the Honorable President and Secretary of the New Jersey State Medical Society, in session at Cape May City, June 10, 1884:

We, the undersigned, physicians of Cape May County, would respectfully request that a charter for the organization of a District Medical Society for the County of Cape May be granted at the present session of your Society.

VIRGIL M. D. MACEY,
JAMES MECRAY, Jr.,
ISAAC M. DOWNS,
HENRY H. KENNEDY,
JAMES H. INGRAM,
GEORGE C. CARLL,
RANDOLPH MARSHALL,
W. S. LEAMING.

On motion of Dr. Parrish the petition was granted, and the President and Secretary were instructed to issue the cor[illegible] accordance with the By-Laws.

The Nominating Committee would respectfully present the following report, and recommend for

President—Dr. P. C. Barker.
First Vice-President—Dr. Joseph Parrish.
Second " —Dr. Chas. J. Kipp.
Third " —Dr. John W. Ward.
Secretary—Dr. Wm. Pierson.
Corresponding Secretary—Dr. Wm. Elmer, Jr.
Treasurer—Dr. Wm. W. L. Phillips.
Standing Committee—Drs. T. J. Smith, E. J. Marsh, D. C. English.

Delegates to American Medical Association—J. H. Pugh, J. W. Snowden, J. H. Love, Wm. Perry Watson, H. C. Clark, Wm. Elmer, D. B. Ingersoll, D. C. English, J. E. Avrison, Wm. Pierson, A. W. Rodgers, Quinton Gibbon, W. H. Merril, J. W. Paul and J. M. Beam.

Delegates to Medical Society of Pennsylvania—T. R. Varick, Joseph Parrish, E. S. Busby.

Delegates to Medical Society of Connecticut—N. Williamson, H. G. Buckingham, C. R. Wiley.

Delegates to Medical Society of Rhode Island—H. H. James, E. H. Reily, M. Able.

Delegates to Medical Society of Massachusetts—E. M. Hunt, H. M. Weeks, P. A. Harris.

Delegates to Medical Society of Maine—J. H. Griffith, Edward North, J. L. Bodine.

Delegates to Medical Society of Vermont—D. M. Forman, P. Hoffman, D. Benjamin.

Delegates to Medical Society of Delaware—G. T. Welch, W. H. Amos, E. Oliphant.

Delegates to Medical Society of New York—Jos. S. Green, D. B. Ingersoll, J. S. Whitaker.

Delegates to British Medical Association and International Medical Congress—E. M. Hunt, I. N. Quimby, S. S. Clark.

Member of Fellows' Prize Essay Committee—Wm. Perry Watson.

Place of meeting, Long Branch, with the recommendation that the Committee of Arrangement have power to change the place of meeting in case of an emergency.

The report was accepted.

The officers and members of the Fellows' Prize Essay Committee were elected by ballot, the Secretary acting as teller. The delegates were appointed by a *viva voce* vote.

The recommendation as to place for the next annual meeting was accepted.

It was voted that the time of the meeting be the second Tuesday in June, 1885, at four o'clock P. M.

Dr. H. H. James, of Rahway, was appointed Essayist for the next meeting of the Society.

The following bills were ordered to be paid:

S. Toombs,	$6.00
Wm. Pierson,	14.00
Wm. Elmer,	10.05
C. J. Kipp,	2.90
T. J. Smith,	8.53
J. Parrish,	6.00

Fellows' Prize Essay Committee: Drs. S. Wickes, W. P. Watson and E. M. Hunt.

The Committee was instructed to select a subject for the essay at its earliest convenience, and to publish it in the *Medical Press*.

The Standing Committee was, on motion, made the Committee on Publication, and was given the usual discretionary power in regard to the publication of the papers referred to it, and also as to the number of copies of the Transactions it will publish.

It was voted that the following be a committee to prepare a revision of the By-Laws, to report at the next annual meeting: Drs. S. Wickes, Joseph Parrish and Wm. Pierson. This is to be regarded as a notification of alteration to be made in By-Laws, as required by Sec. IX, Chap. 7, of By-Laws.

The amendment to the By-Laws proposed at the last [illegible] motion, referred to this committee.

It was voted that delegates to American Medical Association and to corresponding societies have power to appoint their own alternates, providing they shall be a member of a District Society of this State.

On motion, it was

Resolved, That a vote of thanks be extended to the officers of the West Jersey Railroad Company; to Mr. McClellan, the proprietor of the Stockton Hotel; to the Mayor and citizens of Cape May, for their generous hospitality and courtesy to the members of this Society, and to the Committee of Arrangements for their efforts to further the interests of the meeting.

Resolved, That the Secretary be instructed to inform the parties interested of the passage of these resolutions.

The President appointed the following Committee of Arrangements for the next annual meeting: S. H. Hunt, H. R. Baldwin, D. M. Forman, W. H. Shipps, Henry Mitchel.

Adjourned.

WILLIAM PIERSON,
Recording Secretary.

APPENDIX TO THE MINUTES.

[APPENDIX No. I.]

TREASURER'S REPORT.

To the Medical Society of the State of New Jersey:

The Treasurer begs leave to present the following statement of the financial condition of the Society:

Receipts from all sources, as follows:

Bergen	$30 00
Hudson	60 00
Burlington	46 50
Hunterdon	27 00
Warren	25 50
Passaic	64 50
Atlantic	25 50
Essex	153 00
Somerset	19 50
Sussex	39 00
Morris	49 50
Monmouth	45 00
Mercer	64 00
Gloucester	20 50
Middlesex	27 00
Cumberland	27 00
Camden	55 50
Union	55 50
Diplomas	30 00
Interest	62 00
n hand	88 59
	$1,055 09

The following have been the disbursements:

C. J. Kipp	$4 50
S. Toombs	6 00
W. Pierson	14 50
W. Elmer, Jr	8 48
C. J. Kipp	759 33
	$792 81
Balance on hand	$262 19

Assets:

U. S. 4 per cent. Bonds	$1,550 00
In Savings Bank	182 81
Total	$1,732 81

WM. W. L. PHILLIPS,
Treasurer.

JUNE 10, 1883.

[APPENDIX No. II.]

REPORT OF COMMITTEE ON TREASURER'S ACCOUNTS.

The Committee on Treasurer's Accounts would respectfully report that they have examined the Treasurer's accounts and audited the same, and find them correct, as follows:

U. S. 4 per cent. Coupon Bonds, at par value	$1,550 00
Amount in Newark Savings Bank	182 81
Cash on hand	88 59
	$1,821 40

Receipts from all sources, 1883, as follows:

Balance from 1882	$88 59
From District Societies	904 41
Interest on U. S. 4 per cent. Bonds	62 00
	$1,055 00

Disbursements:

Paid as per vouchers.....	792 81
Balance.....	$262 19

The Committee recommend that the assessment of the District Societies be $1.50 *per capita.*

L. W. OAKLEY,
H. GENET TAYLOR,
H. M. WEEKS,
Committee.

[APPENDIX No. III.]

REPORT OF CORRESPONDING SECRETARY.

The Corresponding Secretary would respectfully report:

The duties incumbent upon the office during the past year have been duly fulfilled. A copy of the Transactions has been forwarded to each honorary member, and the usual exchanges effected with other State Societies.

In return, Transactions have been received from the following State Medical Societies: Maine, New Hampshire, Massachusetts, Connecticut, Pennsylvania, Delaware, Maryland, Virginia, South Carolina, Georgia, Mississippi, Louisiana, Texas, Tennessee, Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Arkansas, Colorado, California and Oregon. Also from the New York Academy of Medicine, and from the College of Physicians and Surgeons, Philadelphia.

A copy of the "Report on Preliminary Education," as presented by the committee—Drs. Pennington, Elmer, Jr., and Rogers—at the last meeting of the Society, was forwarded to the American Medical Association at its recent session in Washington, with the following letter to the Secretary, Dr. Wm. B. Atkinson:

OFFICE OF CORRESPONDING SECRETARY,
N. J STATE MEDICAL SOCIETY.

TRENTON, N. J., May 7th, 1884.

DEAR DOCTOR:

I herewith forward to you a copy of the "Report on Preliminary Education," prepared by the committee and presented to the Society of the State of New Jersey at its annual meeting in 1883. It was then ordered to be printed, and will come before the Society at its ensuing meeting in June next for adoption.

As it coincides with the suggestions made by your President—Austin Flint—in his address, will you present it to the Association, that it may receive therefrom its sanction and approval, as requested in recommendation fourth, page 6.

Yours very truly,

WM. ELMER, JR.,
Cor. Sec'y N. J. State Med. Society.

TO WM. B. ATKINSON, M. D.,
Sec'y Am. Med. Association.

In reply, the Secretary informs me that the communication was presented, formally received and ordered to be spread upon the minutes, but no special action was taken upon it.

There is no business requiring the attention of the Society.

W. ELMER, JR.,
Corresponding Secretary.

TRENTON, N. J., June 9th, 1884.

[APPENDIX No. IV.]

REPORT OF COMMITTEE ON HONORARY MEMBERS.

Gentlemen of the State Medical Society:

The Committee to whom was referred the names of Dr. Thomas A. Emmet, of New York City, and Dr. Isaac E. Taylor, of the same place, as candidates for an election to an Honorary Membership of this Society, would respectfully report favorably, and recommend their election.

HENRY R. BALDWIN,
S. W. PENNINGTON,
E. M. HUNT.

CAPE MAY, June 10, 1884.

[APPENDIX No. V.]

REPORT OF COMMITTEE ON ARMY MEDICAL MUSEUM AND LIBRARY OF SURGEON-GENERAL'S OFFICE.

Mr. President and Gentlemen of the New Jersey Medical Society:

I have the honor to report that early in the present session of Congress the following bill was introduced in the House and in the Senate, and was referred to the Committees on Public Buildings and Grounds of those bodies respectively:

[IV. Copy of a bill reported to the Committee on Public Buildings and Grounds, to the House of Representatives, in the 2d Session of the 47th Congress, February 28th, 1883. (H. R. 7681.)]

"A bill authorizing the erection of a fire-proof building in the City of Washington to contain the records, library and museum of the Army Medical Department.

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, that the erection of a brick and metal fire-proof building, to be used for the safe keeping of the records, library and museum of the Surgeon-General's Office of the United States Army, is hereby authorized to be constructed upon the government reservation in the City of Washington in the vicinity of the National Museum and the Smithsonian Institution, on a site to be selected by a commission composed of the Architect of the Capitol, the Secretary of the Smithsonian Institution, and the officer in charge of the State, War and Navy Department building, in accordance with plans and specifications submitted by the Surgeon-General of the Army, and approved by said commission, the cost of the building, when completed, not to exceed the sum of two hundred thousand dollars; the building to be erected and the money expended under the direction and superintendence of the officer in charge of the State, War and Navy Department building."

No report has yet been made by either Committee, but it is understood that the Committee of the Senate, of which Senator Mahone, of Virginia, is Chairman, is satisfied as to the desirability of providing such a fire-proof building, and is prepared to report the bill favorably to the Senate. In the House Committee, the matter has been

referred to a special sub-committee, consisting of Mr. Stocksloger, of Indiana; Mr. Young, of Tennessee, and Mr. Milligan, of Maine. So far as can be learned, there is no special or definite opposition to the bill, nor does any member of the Committee deny the propriety and necessity of providing such a fire-proof building; nevertheless, no action has been taken. What the reasons are for this unfortunate and unwarrantable delay, it has not been possible to ascertain.

The fifth volume of the Index Catalogue is nearly completed, and estimates have been submitted to Congress for funds for proceeding with Volume VI, which estimates it is believed will be granted, together with those for the support of the Museum and Library.

It will be seen that the over-crowded and dangerous condition of the building in which the Library and Museum are now stored is still without a remedy by Congress, and that the difficulties in the way of obtaining proper provision for these national treasures are due more to apathy and indifference than to any special opposition. Under these circumstances, the physicians of the country should take steps to convince members of Congress that this is a matter in which they are specially interested, and expect their representatives also to take an active interest. Therefore, your Committee respectfully present the following preamble and resolutions:

WHEREAS, It is the opinion of the Medical Society of New Jersey that the Army Medical Museum and the Library of the Surgeon-General's Office, at Washington, D. C., have been largely instrumental in the advancement of sound professional and scientific knowledge, and that they give promise of still greater usefulness in the future; and

WHEREAS, It is learned with regret that both these collections are in great jeopardy from fire or accident through the insecurity and unsuitableness of the building in which they are stored; it is

Resolved, That Congress be respectfully urged to provide suitable, indestructible quarters for these invaluable treasures, to secure them against any possible contingency of loss or damage.

Resolved, That it is the sense of this meeting that the management of these national collections has been eminently successful in the past, and that any change of administration would not only be injurious to these interests, but would cast an undeserved stigma upon the office of the Surgeon-General of the Army.

Resolved, That we again respectfully petition Congress to provide suitable annual appropriations for the increase and preservation of the Museum and Library, and also for carrying on the valuable Index Catalogue of the Surgeon-General's Office.

Resolved, That a committee of three be appointed by the Chairman of this Society to prepare a suitable memorial, which shall be printed and sent to *each* of our representatives in Congress.

B. A. WATSON,
H. GENET TAYLOR,
E. M. HUNT,
Committee.

[APPENDIX No. VI.]

REPORT OF THE COMMITTEE ON LUNACY.

Before commencing the work assigned to them, your Committee deemed it both wise and courteous to communicate with the State Board of Health, whose functions are somewhat of the same nature with those assigned to your Committee, hoping that such counsel or co-operation as might aid us in our inquiries might be afforded.

In response to our communication, the Secretary of the Board gave notice that it was his intention, in company with the Governor of the State, to make an official visit to the alms-houses of the several counties. This was accompanied by the recommendation to postpone any visitations on the part of your Committee till after the publication of the report of said Board.

Regarding such action by the Governor and the Secretary of the Board as possibly covering the entire field contemplated by your Committee, we were glad to await the publication of the report referred to, contenting ourselves with the issuance of a circular containing thirty-five questions—as to the number of insane patients under care; the methods of restraint, if any; the manner of treatment as to exercise and employment; the number of deaths, autopsies, etc. A large number of the officers to whom these inquiries were addressed responded promptly, and from these answers we are enabled to collate and present to you the information following.

The report of the Board of Health came to hand but a few weeks since, and we find that though it does not, to any considerable extent, take cognizance of the condition of the insane poor of the State, it presents some facts which confirm the observations of your Committee that are presented herewith.

It is stated that the physicians employed by the counties to visit the alms-houses once a week, or oftener if necessary, are not in any sense alienists; and we may add that the compensation they receive does not warrant them in taking the time from their regular practice sufficient to acquaint themselves with this specialty, so that the professional care given to the insane poor in the county-houses of New Jersey amounts simply to nothing, so far as scientific inquiry and treatment are concerned. Dr. Ezra Hunt says in his report that "neglects are so common as not to be regarded as neglects," and that "the solitary confinement of insane patients is the rule, and individual study the exception."

Such a state of things may not be so much the fault of the profession as it is of the Chosen Freeholders, who are the recognized legislators for the counties. It seems to be their function to do as little for the helpless as possibly can be done, and to pay as little as possibly can be afforded as compensation, at all, to those who would if they could make insanity a study, and thus be prepared to render practical service to this most dependent and supplicating class of our fellow-citizens.

It is also apparent that mechanical restraints are yet employed in some places, and that very imperfect attention is given to any method that may make the use of wristlets, camesoles, anklets, etc., ever a necessity. The day has already come when such appliances should be abandoned; and it may not be long when they will not be known in New Jersey, except as relics of an age of darkness concerning the therapeutics of insanity.

The bathing accommodations, with few exceptions, are inadequate to the wants of the patients. Buckets of water, carried to the apartments, are all the provision that is made in some institutions. In others there are bath rooms, and some more attention is given to this matter of personal hygiene.

As to the food administered, it can all be summed up in the simple term—*poor-house diet*. No special diet is appropriated to the insane.

The great radical question of occupation and amusement does not seem to have been thought of in the majority of cases, and yet it is true, as all alienists know, that this is among the most important matters to consider in connection with the whole subject. In no instance is there a library, unless it be in the city institutions in the northern part of the State.

The question, How many are under medical treatment? is answered without exception, *none*, unless, indeed, it be for some other malady than the one for which they are committed.

The number of reported cures is seven. Not a single autopsy of the brain has been made.

Among the county-houses heard from, they do not possess suitable instruments of precision for studying, either in the living or dead subject, mental pathology. The ophthalmoscope and microscope, so essential for such investigations, are unknown instruments. There is among all the houses, one clinical thermometer and one galvanic battery. Test tubes and chemicals for urinary analysis are not to be found as the property of a single institution.

No record is kept of the history, symptoms, changes in condition, modes of treatment or causes of death, with one exception.

In a few instances, religious services are held on the Sabbath, which all may attend who desire to.

In the light of humanity, it is a sad reflection that to-day there are hundreds of our fellow-men in the county-houses of this State in whom the light of reason has been extinguished, and who in their helplessness are found as beneficiaries of the public bounty, who are simply moping away their days in a semi-dreaming state, or in a state of absolute demention, or of some more acute demonstrative form of mental alienatien.

In the light of public duty and of our common fraternity, it is a sad thought that our public authorities seem to possess no adequate conception of what we owe, as active aud intelligent citizens, to those of our kind who are helpless and suppliant at our very doors, for we certainly owe them more than mere shelter, food and raiment.

In the light of our honorable profession, the sense of reproach and condemnation is added to that of regret and sadness, which should be felt by the community at large, by reason of the existence of such facts as the brief and hasty investigation of your Committee has revealed.

Cases of individual privation and unremitting restraints, of filth and seclusion, of utterly insufficient building accommodations, etc., are omitted from this report, your Committee preferring to offer general facts, with a glance at the whole field, than to portray instances of personal neglects and injury, with the hope that the interest of the profession may be awakened to urge upon the State and

county authorities the necessity for prompt and radical reform in the conduct of our county-house system, at least so far as the insane are concerned.

We have no right to say that the treatment of chronic insane, with reference to their improvement or cure, is needless, and that all that is requisite is to make them physically comfortable. Physical comfort cannot be had without exercise in the open air; and nothing is more conducive of the destruction of mental integrity than the perpetual *ennui* and introversion of a solitary life.

Go into the insane wards of our county-houses, and day by day, and every day, we find these conditions—listlessness, indolence, mutterings, and increasing physical infirmity. With no amusements—nothing to allure and compose the mind, it clings to its own delusions, feeds upon its own fancies, and becomes its own destroyer.

Whoever has the power to compel physical exercise in such cases, and to induce and captivate the lingering but fading intelligence, and does not do it, is measureably responsible for the continuance of the sad condition that we call incurable—chronic insanity.

In closing this report, your Committee would notice the law passed in 1883, providing for "A Council of State Charities and Corrections," which is intended to cover the same field of inquiry and inspection as that proposed by this Society, in the appointment of its Committee on Lunacy. The names of the persons appointed by the Governor who now constitute this new Board, are as follows: Jesse H. Deverty, of Cape May; Benjamin Edge, of Jersey City; Robert A. Haley, of Paterson; Henry Fredericks, of Camden; Lawrence Farrell, of Newton; William J. Throckmorton, of Freehold.

By the provisions of this act, sub-counsel may be appointed in each county, of one or two persons, who shall be authorized to fulfil the functions of the Board for the precinct in which they reside.

Provision is also made that the officers of all institutions shall keep an exact register, in a form to be prescribed by the council, of all the inmates of the several places, which will secure uniformity in the returns and enable the council to determine important questions connected with the history and concern of inmates, and of treatment and results in the several corrections and curative institutions.

Your Committee deeply regret their inability to present a more complete report, but with the time and material at their command, they have prepared what they now have the pleasure to offer as their

report, with the recommendation to adopt the following preamble and resolutions:

WHEREAS, The Legislature of the Sate of New Jersey having, at its session of 1883, passed an Act entitled "An Act to Create a Council of State Charities and Correction," it is deemed of sufficient importance to the health and well being of the people as to call for congratulations by the Medical Society of New Jersey; therefore,

Resolved, That the Medical Society of New Jersey, in annual meeting assembled at Cape May, June 10 and 11, 1884, welcome the appointment by the Governor of the State of a Council of State Charities and Correction, as an additional and co-operative factor with this Medical Society in correcting the neglects and abuses to which the insane poor of the Commonwealth are subjected, especially in the county alms-houses throughout the State.

Resolved, That in congratulating the community upon the existence of such a Council, the Medical Society of the State, the District Societies in the different counties, and individual physicians in their respective homes, will cheerfully co-operate with said Council, in all suitable and legitimate plans, to secure the result contemplated by law.

Resolved, That the Corresponding Secretary be instructed to transmit to said Council a copy of these resolutions, with a copy also of the Transactions of this annual meeting, when they shall be published.

JOSEPH PARRISH,
L. W. OAKLEY,
WM. PIERSON,
ED. MARSH,
FRANKLIN GAUNTT.

[APPENDIX No. VII.]

REPORT OF THE DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION.

Mr. President and Gentlemen of the Medical Society of New Jersey:

As one of the delegates from the Medical Society of New Jersey to the American Medical Association, I have the honor to submit the following report:

In company with Drs. D. Benjamin, Joseph Parrish, W. B. Watson, Geo. Bayles, Geo. T. Welch, L. A. A. Allen, H. W. Elmer, of the State Society; Drs. B. Reed, Wm. H. Ireland, Alex. Moray and others of the County Societies, I attended the thirty-fifth annual meeting of

that Association, held in the City of Washington, on May 6, 7, 8 and 9, 1884.

This meeting was, by the unanimous consent of those members who had attended and were familiar with the former meetings of that Association, of equal if not of greater excellence, for many reasons, than that of any other meeting which had preceded it. Because of the great number of members present; because of the cordial greeting of the very efficient Committee of Arrangements, and of the most excellent accommodations furnished for holding the general sessions, and for the several sections of the Society; and because of the President's address—one of the most masterly productions perhaps ever presented to a medical society; and of the papers rich in erudition, read upon the various subjects before the meetings, and before the several sections; and because of the universal sociability manifested among its members, and the cordial sympathy and generous courtesy extended to the Association by the President of the United States, the Surgeon-General and Staff of the United States Army, the Chief Justice of the United States, the Commissioner of Pensions and staff, and by many of the most prominent citizens of our nation's capital.

It would be entirely out of place for me at this time to state at length the proceedings of the meeting. They have already been published in part in the journal of the Association; and as the several papers read will be published from time to time in that journal during the ensuing year. But I can but make mention briefly of some points which your delegates consider not of the least value. I refer, first, to the prominence of this meeting and the estimation in which it is held by men of eminence, composed as it was of men from all parts of the Union, and embracing in its numbers some of the greatest medical lights of the nation—of the world. Here Maine greeted Texas, and Florida grasped the hand of Oregon. Here existed no Mason and Dixie line, nor was sectional feeling known; but brother met brother on the common level, and no distinction prevailed, save that of the greater excellence in our beloved profession.

The President of the United States opened his doors and bid us enter. Then taking each of us by the hand, greeted us as friend greets friend. The distinguished head of the judicial department of our nation—Morrison R. Waite—received us with the warmest cordiality, and then presented us to his wife and family. With the same

cordiality were we greeted by the presiding officers of Congress. These, I repeat, with the illumination of the Capitol at the instance of our visit, the illumination of the Corcoran Art Gallery, the reception by Mr. Corcoran and of the trustees of that finest collection of paintings and sculpture in the United States, all speak in unmistakable language of the estimation in which our Society—our profession, is held by men of State and ability.

The address of welcome by Dr. A. Y. P. Garnett, of Washington; the address of the venerable President—Dr. Austin Flint, as well as the various papers read before the Society and the several sections were, as before intimated, of unusual merit. But as they are now being published in the journal in their entirety, mere mention is at this time made of them.

The meeting was harmonious throughout. Scarcely a ripple disturbed even the surface of the placid waters; and only in a few instances was this ripple manifested; and when manifested, it was caused by an honest difference of opinion of how the greater excellence of the profession might be obtained, both in medical literature and practice.

The Society is officered by efficient men, Dr. H. T. Campbell, of Georgia, being its President, and the very efficient Secretary, Dr. Atkinson, was re-elected. New Jersey, I am *not* sorry to say, is scarcely represented in the list of officers. Nor need we be surprised at this; for when we consider that your delegates went to represent the Medical Society of New Jersey—the oldest society in the Union—a society which is not only distinguished by her age, but by her purity—her constant and firm adherence to the tenets of our profession—we cease to wonder why this is so, for the delegates were actuated by a far more noble purpose than to seek office and consequent apparent notoriety, their purpose being to represent the Society of New Jersey in all the pure principles taught by that Society; and this purpose they fully carried out. And earnest and eloquent were the appeals of Benjamin, Quimby and others, for regulations that would secure to all greater proficiency in the healing art.

The next session of the Association will be held in New Orleans at the usual time. We confidently predict that the American Medical Association is destined to be one of the strongest towers of medical ablility into which not only the profession in our own beloved country may find security, but that into which that of the world shall flee to find refuge.

D. B. INGERSOLL.

[APPENDIX No. VIII.]

REPORT OF DELEGATE TO THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

To the Medical Society of the State of New Jersey:

As your delegate to the Medical Society of the State of Pennsylvania, I would report that I had the pleasure of attending that Society at its last meeting, held in Philadelphia.

The Association possesses among its membership many able professors and distinguished medical authorities, consequently the papers presented were not only numerous but of a very high character.

One of the most striking features of this Association is the large number of lady physicians present, and one of the most scientific papers read was by a very brilliant young lady—Alice Burnett, M. D. As the papers will be easily reached through the Transactions, it will be unnecessary to give a detailed account of them.

There was a committee appointed to draft a plan to elevate the standing of medical diplomas.

The members and delegates were entertained in the most elegant manner.

June 10th, 1884. D. BENJAMIN.

[APPENDIX No. IX.]

REPORT OF DELEGATE TO THE CONNECTICUT STATE MEDICAL SOCIETY.

To the Medical Society of New Jersey:

In obedience to your appointment, your delegate attended the ninety-third annual meeting of the Connecticut Medical Society, held at New Haven, May 28th and 29th, 1884.

Regretting exceedingly that our Society had no representative at our sister Society's meeting last year, because of the inability of myself and fellow-delegates to attend, and knowing that we had not had the pleasure of welcoming any delegates from that honored Society since 1872, I resolved, as you had honored me with an appointment to the same Society this year, that I would, though at some personal

inconvenience, attend and set our Connecticut brethren a good example, and assure them of our earnest desire that the fraternal relations existing between us in former years should be renewed and perpetuated from year to year. Your delegate (the only one of the three appointed who attended) was very cordially received and courteously entertained.

The annual convention of the Connecticut Society (consisting of five Fellows elected from each of the eight County Societies, the President, Vice-President, Treasurer and Secretary, and Committee on Matters of Professional Interest in the State, elected at the previous annual meeting, and the Presidents of the County Societies, who are Vice-Presidents *ex-officio* of the State Society—in all about fifty-five members), meets annually in Hartford and New Haven alternately. One feature of their meetings impressed your delegate very favorably—nearly all of the routine business was transacted during the first day, in a session lasting from three to six o'clock, P. M. The second day's exercises consisted of: the report of the Secretary; the annual address, by President E. B. Nye, of Middletown, on "The Medical Profession and its Claims to the Respect and Gratitude of the Community"; the report of the Committee on Matters of Professional Interest; the reception of delegates *from* other societies, and the reports of delegates *to* other societies; dissertation on "The Germ theory of Disease"; exhibition and description of three surgical cases successfully operated upon—one of litholoplaxy, one of extirpation of a large portion of the tongue affected with cancerous disease (the lingual arteries having first been ligated and a tracheal tube inserted), and the other of hip-joint disease with great flexion of thigh, entirely relieved with one inch shortening of leg; essays on "Medicine Fifty Years Ago," "Seventy-five Cases of Conjunctivitis," "Important Points in Strangulated Hernia," "The Early Diagnosis and Treatment of Pott's Disease of the Spine." Several voluntary papers were also presented and read by title. The annual address and the papers generally were able and interesting, brief discussions of some of them following their reading. At one o'clock the Society adjourned to partake of the annual dinner, which concluded this entertaining and instructive session of the Society. At this bountiful and much-enjoyed feast, your delegate suffered the penalty attached to the honor of representing the oldest of the sisterhood of medical societies by being called upon to follow such distinguished speakers

as the Honorable Mayor of the city and the venerable President Porter, of Yale. Our only consolation, as we think of our effort, is that as we followed them so far off and our response was brief, our lack of ability as a *post-prandial* speaker was not so conspicuous, and our hope is that it will result in securing the renewal of the friendly intercourse between these two time-honored societies.

Your delegate desires to add that his visit to the beautiful City of Elms, the cordiality of his reception by the Connecticut Society, and all the incidents connected therewith, will long remain in pleasing remembrance.

Respectfully submitted,

DAVID C. ENGLISH.

NEW BRUNSWICK, June 9th, 1884.

[APPENDIX X.]

REPORT OF THE DELEGATE TO THE MASSACHUSETTS MEDICAL SOCIETY.

Of the delegates elected to attend the Massachusetts Medical Society, only the undersigned was present. The meeting of the Society was held in Boston, in Huntington Hall, in the Institute of Technology, on Wednesday, June 11th, 1884. I arrived in Boston Monday night the 9th inst. I owe much of the pleasure of my visit to Professor George G. Hopkins, of Brooklyn, N. Y., a delegate from New York. I was an entire stranger; he took me in charge, and showed me much of the city that I should not have seen had I not met him. A very good programme was arranged for the Fellows and Delegates to the Society for Tuesday the 10th. All the hospitals and medical school buildings were thrown open for our inspection. I visited the Massachusetts General Hospital, and witnessed an operation by Dr. Warren, for knock-knee, caused by a curvature of the tibia. The bone was cut subcutaneously with a chisel, about one inch below the knee-joint; straightened, put in a posterior tin splint, and dressed with antiseptic dressing.

I also saw Dr. Henry Bigelow, the fa[illegible]otripsy, operate for

the removal of a stone from the bladder. In his hands it seemed a very simple and easily-performed operation. He operates very rapidly, and seems to know where his instrument is and what it is doing as well as if it were before his eyes.

I also visited the new Harvard Medical School Building. It is a very fine building, fitted up with all the modern improvements for teaching. Professor H. P. Bowditch demonstrated the methods of instruction and research in physiology. He showed the effects of irritation on the vagus nerve on the blood pressure; the pressure being greater when the nerve was irritated. Professor Thomas Dwight showed the modern methods of teaching anatomy. He showed various frozen sections of the body, and thin sections of bone, illustrating their structure. He demonstrated the working of the semi-lunar valves, and proved them to be perfect valves. Many other things of interest were shown and described that would make this report too long for me to speak of.

At three o'clock, P. M., in Huntington Hall, Dr. G. W. Gay, of Boston, Surgeon to the City Hospital, read a paper on the "Posterior Plaster Splint in Fractures of the Leg," illustrating the same with cases, and applying the splint before the meeting. He claims for it ease of application and immediate application, not having to wait for swelling to come up or go down, perfect adaptability to the parts, and an impossibility of displacing the fracture when once properly dressed. His manner of applying the splint is, first, to cover the leg with a roller bandage made of sheet wadding or canton flannel—two thicknesses, then a piece of crinoline is cut to encircle the leg from the toes to above the knee, leaving a space along the front of the limb of half an inch. Using this as a pattern, eight or ten pieces are cut, the outer one two inches larger than the other. The plaster is now mixed with water to a proper consistency, and rubbed into the crinoline, one layer at a time. The edges of the outside piece are now turned in over the others, and it is applied to the limb, and encircled with a roller bandage, which is removed as soon as the plaster sets. It is particularly valuable in treating children, as it cannot be displaced, will not strangulate the limb, is comfortable, and admits of easy inspection.

An adjourned meeting of the Society was held at four o'clock, P.M. After [illegible] ercises of opening the meeting were through, a [illegible] : females be admitted as fellows on the same

terms as males. After a very animated and somewhat excited discussion, the motion was carried by a vote of two to one. In the evening the councillors concurred in the motion by a vote of sixty-three to forty-seven; and at the one hundred and fourth annual meeting of the Massachusetts Medical Society females can become members. At five o'clock a collation was served in the New Harvard Medical School Building. This day, although not the regular meeting of the Society, was very agreeably and profitably spent.

Wednesday, June 11th, at nine o'clock, A. M., the one hundred and third Annual Meeting of the Society was called to order by the President, Dr. Alfred Hosmer, of Watertown. There was a large attendance. A very noticeable feature was the preponderance of old men; more than one-half of the fellows present had passed their three score years. After the preliminary exercises, there were several very interesting papers read. Dr. F. Nickerson, of Lowell, read a paper on "Chylous Deposit in the Abdomen," with the history of a very interesting case: a man, aged forty-five years, previously healthy, was attacked suddenly with pain in the abdomen, followed by swelling of the same. Upon examination, a well-defined tumor was discovered in the lower part of the abdomen. This was aspirated and two quarts of a milky fluid withdrawn, which, by chemical examination, proved to be chyle. At different times during two years, similar attacks took place, when he would vomit and pass from the bowels the same milky fluid. It is now one year and a half since the last attack, and he is believed to be perfectly well. The sudden attack, its long duration, the great loss of chyle and the perfect recovery, makes the case particularly interesting.

Dr. L. Huntress, of Lowell, read a paper on "The Pitch of the Percussion Sound." He dwelt upon the importance of pitch in diagnosis. He mentioned some of the different conditions upon which pitch depends, viz.: the covering of the chest (clothing), inspiration and expiration, the volume of air contained in cavities, the tension of the chest (walls), the connection of a bronchial tube with a cavity. He also said that the pitch was different on the two sides of a healthy person, and difference in pitch did not necessarily mean disease. He drew his conclusions from the study of two hundred cases.

Dr. J. F. Adams, of Pittsfield, read a paper on "Sanitary Forest Culture." He claimed that trees are productive of health, by equalizing the moisture of the ground and atmosphere. The roots and

shade prevent the rapid evaporation of water from the ground. Also, that where forests abound the temperature is modified and milder. Where trees have been cut off, malarial diseases have prevailed that were never known there before. He cited several places where this had occurred; and in the discussion that followed, several of the Fellows substantiated his position by citing cases that had come under their personal knowledge.

Dr. J. Seaverns, of Roxbury, read a paper on "Weight as an Indication of the Character of Risks for Life Insurance." Taking the standard of weight adopted by the life insurance companies, and allowing twenty per cent. above and below as they do, the Doctor claimed was not right, and the rate should be fifteen per cent. below the standard and twenty-five above. Outside of these latitudes it was dangerous to accept risks. The paper was based upon the study of a large number of deaths, and it would be well for all physicians who examine risks for life insurance to read the paper.

The annual address was delivered by Dr. John Curwell, of Haverhill. He urged the need of educating the public in sanitary science and hygiene. He spoke of the manner of American cooking, condemning it, and advised that we take lessons of the French. He spoke of the contagious diseases—the manner in which they were allowed to spread and the mode of prevention, and closed with an appeal for trained nurses, the better feeding of infants and educating the poorer classes.

The annual dinner was served in the skating rink on Clarenden street, eight hundred Fellows being present. Dr. George Shattuck, the anniversary Chairman, made a few very appropriate remarks, and introduced the new President, Dr. Homans, who, in his remarks, said the Society had increased from 68 Fellows in 1789 to 1,520 in 1884, and he thought if the same rate of increase kept up, that the Society would be somewhat larger than now at the end of the next hundred years.

Governor Robinson was introduced and received with hearty cheers. He made some humorous remarks. Said he had no fear of being among so many M. D.'s as long as he kept his mouth shut. He congratulated the Society upon the action taken the day before in admitting females. He spoke of the duty of the physician to his patient and to the State. He welcomed the Society in the name of the Commonwealth, and wished it a prosperous future.

Remarks were made by the retiring President, Dr. Hosmer; Dr. Curwell, Rev. Mr. Courtney and Mr. Justice Field and others, when the Society adjourned, better and happier for this meeting and dinner, as all men, and especially doctors, are happier when they have a full stomach.

EDWARD NORTH, M. D.

PRESIDENT'S DISCOURSE.

LIVING AND DYING—THEIR PHYSICS AND PSYCHICS.

Life is an infinite mystery. The *genesis* of life is obscure only to the theophobiac and so, agnostic. It is written with the pen of iron, and with the point of a diamond, in the rock forever. The revelations of science, acknowledged and incontrovertible, are in harmony with the sublime record of the inspired historian, "These are the generations of the heavens and the earth." We note the azoic rocks, the vegetable fossils, the protozoa and the higher orders of animal life through the illimitable periods of creative energy, and after these were made, on the "sixth day" man was created—not made or built up—evolved from vitalized units already existing and adjusted by chance. He became, by an Almighty *fiat*, a living soul, made a little lower than God,* to have dominion.

His normal state when created and before he fell was deathless. His physical constitution was complete, and its vital functions were perfect. Without liability to pain or sickness or any sorrow, and it may be to any thing which we call decay, he was designed by the Creator to live out his destined period of existence here, and when the time was fully come to be translated to another and higher state of being. There is no meaning in the words.

* Rev. Ver.

of the great Apostle when he speaks of the redemption of the body—the Σωμα—*corpus*, if he does not refer to its restoration from the effects of the fall. By man came death. "He was, so to speak, the procuring cause of the penalty of death. If it had not been so, the removal of the conditions necessary to life in the mortal state would *ipso facto* translate him to the immortal." Its restored immortality is brought to light in the death and resurrection of the second Adam.

Only from the days of the flood is it true that the lives of men in general were reduced to about the present limits, for after the times of Moses and Joshua few instances of prolonged life are recorded. Moses, who first committed to writing divine revelation, says, "The days of our years are three score years and ten, and if by reason of strength they be fourscore years yet is their strength (breadth) labor and sorrow." He wrote of human life as it then was.

We cannot solve the problem of the prolonged lives of men before the flood. They retained health and vigor of body through many centuries, and, so far as we know their history, we have no intimation that sickness was known. The only record is, they died; and this may have been the result of natural decay. We know that at the exodus from Egypt, notwithstanding the grinding bondage under which the Israelites had lived, there was not one feeble person among their tribes. They were accoutred and marshalled as an army of 600,000 fighting men; none "stumbled from weakness," or were unfit for the line of march.

Were these remarkable facts concerning those who lived before the flood, and of those who lived 800 years after, the result of a concurrence of natural causes pro-

videntially created, their employments, their diet, their heredity? Neither revelation nor our limited knowledge of cosmical and telluric forces give us the answer. Even now physiologists and naturalists are not agreed upon the normal period of human life. The changes in the organism and the conditions most favorable to longevity are but partially understood. Sterne says, that "At sixty years of age the human tenement gets fast out of repair, and the lodger with anxiety thinks of a discharge." Haller and Buffon assert that after the most careful researches into the physiological laws of the duration of the human life, 100 years is the period Providence has allotted to man. Haller collected a great number of examples of long life. He claims to have found more than one thousand instances of persons who had reached the age of from 100 to 110 years; sixty of those from 110 to 120; twenty-nine of 120 to 130; fifteen of 130 to 140; six of 140 to 150, and one of 152 years, read of by all of us, old Dr. Parr, who died in the reign of Charles I. Such instances as these were made from traditional sources, and none of them investigated with that careful research which is necessary to establish their verity. When we consider the loose methods of establishing the dates of birth, the identity of names appearing in successive parish and other records, and the readiness of the popular mind to accept the wonderful, Haller's data cannot be accepted as authentic.

Roger Bacon, in his treatise on the "Secrets of Nature and Art," says that "every man would be able to remedy his own decay if he would subject his health from youth up to a complete regimen, embracing food, drink, sleep, waking, motion, rest, evacuation, constriction, climate, and habit of mind. For if any one would follow these rules from birth, he would live as long as that nature

derived from his parents would permit, and would reach the extreme limit of that nature which has fallen from original righteousness; but he could not transcend this, for this regimen hath no remedy against the corruption of our first parents." And "at first," he further says, "when the life of man began to shorten, the remedy would have been easy, but now it is difficult for the cure to be provided after 6,000 years and more. Yet the wise, moved by the aforesaid considerations, know how to devise means not only against the defects of any special remedy, but against the corruption of our first parents, not so that man be brought back to the life of Adam, inasmnch as the causes of decline are so strong—but that life may be prolonged a hundred years or more beyond the common age of man now living." The speculations of this old philosopher of the 13th century are not without their force. Remove all causes of bodily disease, as he quaintly puts it, out of food, drink, sleep, waking, motion, evacuation, constriction, climate, and habit of mind and body. Let the influences of such a condition exert their power for one hundred generations and then imagine their effect upon a thousand generations more, and who can reasonably doubt that the human constitution, if left to the operation of natural causes, would be brought to a vigor and power of resisting decay and to that freedom from disease which we suppose to have prevailed before the days of Noah. Is it unreasonable to suppose that the doctrines of Bacon may yet, in a measure, be realized in the future history of the race, and that the causes of decline which have been in operation for 6,000 years, and may be for many times that period more, are, at some period in the future, to give place to causes of renovation and a restoration to something of antediluvian vigor in that long millenial day which is to

shine upon our fallen but then partially regenerated earth. At the end of 6,000 years, we are only upon the threshold of this world's history. It gives no evidence of wearing out or of decay in any direction. We are apt to solve our problems of natural processes in the light of a life bounded by fourscore years, not remembering that the destiny of this world is in the hands of One with whom "one day is as a thousand years."

Considering man as he now is, the most distinguished physiologists of our own day are agreed in the opinion that threescore years and ten are the average, and one hundred years is the extreme limit of the life of man. In the English civil law, the legal presumption of life ceases at the expiration of this period from the date of birth, and the same rule is adopted in Scotland. These legal propositions are in accord with the researches of modern naturalists and physiologists. Buffon says "the man whose life is not cut short by accident or disease reaches everywhere the age of ninety or one hundred years." He further remarks: "If we consider that the European, the Negro, the Chinese, the American, the man highly civilized, the savage, the rich, the poor, the inhabitant of the city and the dweller in the country, so different one from the other in every other respect, agree in this one point, and have the same interval of time to run through twixt the cradle and the grave, that the differences of race, of climate, of food, of comforts, make no difference in the duration of life, it will be seen at once that the duration of life depends neither upon habits and customs, nor the quality of food, that nothing can change the fixed laws which regulate the number of our years." The "fixed law" to which he alludes is, that in the animal economy, not in man only, the duration of life is regulated by the

duration of growth. "Man," he says, "grows in height till he is 16 or 18, but his size is not developed until he is 30. Dogs attain their full length during the first year, but it is only in the second they reach their full bulk. Man, which is 14 years in growing, lives six or seven times that period, while the horse, of which the growth is completed in four years, lives six or seven times that period. Flourens claims that the one certain sign that growth has been completed is found in the union of the bones with their epiphyses. Until the bones are thus united the animal continues to grow; when this union takes place growth ceases. In man this union occurs at 20, in the camel at 8, horse at 5, ox at 4, lion at 4, dog at 2. He further says that an animal lives five times his period of growth. Thus, man being twenty years in growing, lives five times twenty, one hundred years." This is the physiological limit as adopted by Buffon and Flourens.

The records of life assurance in England give emphatic evidence of the extreme rarity of centenarianism. These companies have existed in Great Britain since 1706, and down to 1872 there has been but one policy-holder who has died at 100 years of age, one in his 100th year, and three in their 99th year. (Vid Note A in Supplement.)

Whatever may be our speculations or our physiological conclusions in regard to the history of death in relation to the human race, we cannot shut our eyes to the sober reality that it is now its early inheritance. The varied circumstances under which the medical man is led to contemplate it, in its approach and its conquest over every age and condition, render it to him, independent of subjective thoughts, an event of deep scientific interest. The physician is led to feel, with reference to his patient,

and his patient's friends that he stands, so to speak, at the gateway of the sepulchre. It is of great moment that his appreciation of the indications of approaching dissolution should be so intelligent that he may not, on the one hand, alarm by exaggerating morbid phenomena, while he intelligently discovers and warns of the onset of fatal symptoms on the other.

We have before said that man was made with a perfect and immortal body. Having a moral nature and placed under law, he was capable of choosing good or evil. He chose the evil and became subject to death. The earth had been made beauteous for him and to bring forth, spontaneously, all that was necessary for his highest good, but the thorns and briars of the ground became tokens to him that it was cursed for his sake and that in sorrow and in the sweat of his face he should eat bread. The latent germs in the earth of noxious growths betokened the germs of disease and decay and of the final corruption of the body, which should return to the dust out of which it was taken.*

The *heart*, the *lungs* and the *brain* are the three vital centres at which death may be said to begin. We have the distinctive character of death beginning at the heart in the loss of blood from sudden hemorrhage. The circulation fails, not because the great central organ has lost its powers of contraction, but because the blood does not

* On the third creative day the earth was made to bring forth grass and herb and tree whose *seed was in itself after its kind.* The definition of the Hebrew word ZRA, translated seed, is something "sown, scattered, universally diffused, everywhere implanted" as a germ in the earth. That it does not mean the seed of a plant or tree appears from the fact that plants and trees producing seed had not yet appeared on the earth. The translation is "whose germinal principle of life, each in itself after its kind, is upon the earth." And so in disease germs, the primordial principle of life awaits those conditions of environment necessary to develop them.—(*Life, its True Genesis.—Wright.*)

reach its cavities in sufficient quantities. The order in which death takes place in the different organs is as follows (we quote from Dunglison): "The heart failing to propel its blood, the encephalon and gray matter of the medulla spinalis no longer receives the necessary impulse for the continuance of their functions; they cease to act. The consequence of this is the death of all those organs which receive their nervous influence from them. All voluntary motion is annihilated, as well as the action of the respiratory and other reflex muscles. The mechanical phenomena of respiration are consequently arrested and the air is no longer received into the chest. From this cause then the chemical phenomena of respiration would cease, were they not previously rendered unnecessary by the cessation of the heart's action. The phenomena of nutrition, secretion and calorification, functions connected with the intermediate system, yield last." This train of influences may occur suddenly, as by the rupture of an aneurism, or flooding in childbed, opening of large vessels on the field of battle, &c., producing syncope; or by a more gradual process in a failure of the contractile power of the heart. The manifestations of this mode of dying are faintness and paleness of countenance, the lips white and trembling, the breathing oppressed; cold sweats, dimness of vision, vertigo and dilated pupils are followed by a general restlessness, a weak, wavering pulse, and speedy dissolution. When death comes by asthenia from disease, the processes are somewhat modified. The pulse becomes feeble and frequent and the debility extreme, but the senses are perfect and the mind clear to the last. These phenomena are very manifest in acute peritonitis, malignant cholera and fatal gangrene. Exhausting disease which gradually interferes with the nutrition of the

body acts in the same manner, as in phthisis, dysentery, or long-continued drains upon the system.

Death beginning in a failure of the respiration is known as asphyxia or apnœa, *a πνεω*, absence of breath. Entrance of air into the lungs may be prevented by stoppage of the mouth and nostrils, by submersion in liquids or gases containing no oxygen, by mechanical obstructions in the larynx and trachea, or by strangulation; by forcible pressure arresting the motions of the chest and diaphragm, by paralysis of the muscles of respiration, by injury of the upper part of the spinal cord, or by the admission of air into the cavity of the thorax and by filling the pluræ with liquid. These causes all lead to the same result, viz: the chemical alteration of the blood in the capillaries of the lung, and in the distribution of the venous blood throughout the circulation, thus poisoning unto death.

The following symptoms are manifested when the occlusion of air is sudden and complete. Strong but vain contractions occur of all the respiratory muscles and struggling efforts to get breath. The agony of this condition is very short. This is followed by vertigo, then loss of consciousness and convulsions. All efforts soon cease in dissolution. During the process, the face, at first flushed and turgid, becomes livid and purplish, the veins of the head and neck swell and the eyeballs seem to protrude from their sockets. At length the heart ceases its action and life is extinct. Sudden death by apnœa, as above described, is not often witnessed as the result of disease. But there are numerous forms of diseases in which the tendency to death by apnœa is very marked. We have all seen more or less of these distressing symptoms in cases of false membranes in the larynx and trachea, pulmonary apoplexy, and in the pneumonia of children.

It remains to notice the mode of dying beginning in the nervous centres. Coma and stupor more or less profound are the result of morbid states of the brain. The sensorial functions cease to act. Respiration continues, but it becomes more and more irregular and laborious and finally ceases. The order of death (to quote again from Dunglison) is, "the interruption of the brain's action destroys, first, that of the voluntary, and secondly, that of the mixed muscles. The mechanical phenomena of respiration therefore cease, and then the chemical. This is followed by a cessation of the heart's action. To the cessation of the heart's action succeeds the loss of the general circulation, and then that of the functions of nutrition, secretion and calorification."

The study of the different modes by which death makes its onset is of the highest practical importance. In some diseases—fevers, for example—it becomes necessary to watch the varied tendencies they may assume; and the safety of the patient is often due to the careful skill by which they are arrested. The disease may threaten to prove fatal by coma. When the lungs are involved, suffocation is threatened; and, then again, deficient nutrition threatens syncope. A tendency to a particular form of death will prevail in and characterize a whole epidemic. It is by the timely aid afforded by the watchful and intelligent physician that in these grave cases the machinery of life is kept in motion.

We now approach another branch of our subject of peculiar interest to the medical man—the evidences or signs of impending dissolution. The prognosis, in most of the cases under his care, has revealed to his mind their probable result, and the signs which nature gives out that its powers are about to cease their struggle do not take

him unawares. An accurate appreciation of them, however, becomes necessary to his own calm and decided, yet gentle and sympathizing deportment amid the tumultuous and excited anxieties which manifest themselves around the bed of the sick and dying loved one.

One of the earliest presages of approaching dissolution is a general restlessness. The patient, who has lain quiet and exhausted heretofore, suddenly becomes uneasy and tosses from side to side. Sometimes he raises himself and throws his body forward—is intolerant of the bed clothing; and, in cases of obstructed respiration, tears open the covering of the chest. At times a desire is expressed to get up and dress and leave the sick chamber. We saw a child a few weeks since, ten years of age, who, less than an hour before his death, insisted upon getting up and taking a bath. Chomel notices, as of serious import, the automatic manner in which a patient persistently draws his hand to his side in spite of the efforts of his physician to feel his pulse. In cases of fever, a persistent sliding down in the bed was first noticed by Dr. Mitchell, of Philadelphia, as a fatal sign, and it has been verified by all observers since he pointed it out. Catching at imaginary objects and picking of the bedclothes is well understood as a fatal presage; sometimes, while the eye is fixed on a portion of the coverlid, and vacantly gazing upon it, the fingers begin to pick and fumble it; at other times, while the eyes are closed or fixed on the wall, the hand and fingers are at work upon the bedclothes. We have at times noticed repeated efforts to lay out and smooth the covering, or, if a handkerchief is at hand, to raise it up square by the corners and lay it down and smooth it out, repeating the movement over and over again. Frequent calling for drink, with a hurried grasping of the cup and a rapid swallowing of its

contents is an act of the dying. The boy to whom allusion has been made, for the last half hour of his life, continually called for drink, drink, swallowing a mouthful hurriedly, and this he continued till the instant of death, expiring with the cup to his mouth.

A change comes over the features of the dying. "Thou changest his countenance and sendest him away," is the language of the inspired poet. This change [illegible] occurs in most moribund cases, and is [illegible] marked. It becomes shrunken and [illegible] ashen pallor, and often with a [illegible]. The nose becomes pinched and the [illegible] thin. The lips are pale, and the [illegible] are more than usually [illegible]. The [illegible] ordinary tone. The eyes [illegible] through [illegible] them. The [illegible] pendant and [illegible] the fingers sodden. [illegible] When [illegible] arm [illegible] affected, the [illegible] lungs [illegible] the [illegible] and. [illegible] The [illegible] skin, [illegible] ures, [illegible] ties.

[illegible] sued [illegible] art [illegible] ent

eye; yet many of those which are usually regarded as conclusive of death require a rigid scrutiny, and it is not infrequently invited on the part of friends whose fears of vivi-sepulture call for a careful survey of the existing phenomena. The most obvious fact which is presented upon the event of death, is the total cessation of every power and faculty and function of the body. It lies prone and utterly powerless. The lungs which have regularly and continuously performed their office have ceased to act. The heart has ceased its beating, and the blood, which has coursed

* * * * "through
The natural gates and alleys of the body."

has ceased its flow. It has settled in red and blueish spots on the more dependant parts of the body. The eye is now a dull and sightless ball. The features are relaxed, and the jaw is fallen. The heat of the surface is passing away, and all that is embraced in the fearful word *dead* stands out to the view of the beholder. In a short time—usually in about seven hours, though sometimes not till twenty or thirty hours—rigidity of the limbs takes place. When the body is wasted by disease, this comes on sooner. It may occur in an hour. Its duration also varies, from two or three days to a longer period, according to atmospheric warmth and humidity. The cooling of the surface seems to depend upon external temperature and the disease of which the patient has died. According to an accurate observer, the average time is about fifteen or sixteen hours, when not much clad and in a temperature of about 60° F. In cases of death by cholera, the body previously of an icy coldness, becomes warm immediately before and after death.

The body now deprived of its vitality, the processes of corruption are at once set up. The indication first noticed is a discoloration of the abdomen. This, by most observers, is considered an infallible sign of death. It sometimes appears very early. I have often seen it on the second day. A corpse exposed to a warm temperature will show this sign in half a day. It is said to be earlier manifested in females than in males, and in deaths from acute abdominal inflammations, dropsies, etc. The seat of this discoloration is said, by a recent writer, to be sub-epidermic and, under the microscope, to be composed of green granules resembling the minute structure of vegetable mould. With these signs present to our senses, there can be no fear of premature burial. The Σωμα is here; the Ψυχη is in the realms beyond. (Vid Note B.)

Is the act of dying a painful one? Why should it be. We are not necessarily born to suffering. All natural conditions (with the exception of child-bearing) are, more or less, sources of pleasure. Our physiological nature is such that the last phenomena in natural death are the same as those of sleep. The latter depends on a failure of the sensitive functions. The difference between sleep and the act of dying is, that one is temporary and the other is for all time.* Scripture language is very significant on this point: "Thou turnest man to destruction. * * * A thousand years are as a watch in the night, * * * they are as a sleep"—as short as the hours spent in sound slumber appear to be on awakening—Ps. xc: 5; "Now shall I sleep in the dust"—Job vii: 23; Those "that sleep in the dust shall awake"—Dan. xii: 2; At the resurrection of our Lord,

* *Philip on Death.*

"many bodies (Σωματα—*corpora*) of the saints which slept arose"—Matt. xxvii: 52.

When the first man fell asleep he is supposed by Milton to have, in a confused way, identified the sensation with that of dissolution. Death was then unknown—above conception, because beyond experience. But, equally so was sleep; and Milton's supposition is in accordance with what we would assume as Adam's actual feelings. On a green, shady bank, profuse of flowers, he seats him down,

> "Then gentle sleep
> First found me and with soft oppression seized
> My drowsy sense, untroubled, tho' I thought
> I was passing to my former state
> Insensible, and forthwith to dissolve."

The death by nature—true euthanasia—is illustrated in one who dies at the close of a long decline of years. The vital powers fail in detail. The senses are sealed in succession. Sight becomes dim, the hearing gradually fails, the touch is no longer acute, odors make little impression, and the taste is blunted. So the organs of waste and the functions of the brain gradually fade out. The memory fails, the judgment is unsettled, the muscles grow feeble, the ligaments become stiff, and the spring and force of life disappear.*

At last, the intellectual man reduced to the instinctive, the consummation is longed for, and without pain or a struggle or knowledge of the coming event, the deep sleep that falls is the sleep that knows no waking till the Resurrection morn.†

The approaches to death are usually through the pains and sufferings of disease; and in the study of the act of

* Papillon.

† Richardson.

dying, we must distinguish between it and the distress caused by the disease which precedes it. It is not an ordinance of nature that death should be cruel or painful to the mind; nor is it ordained that it should be cruel or painful to the body. We are born without suffering—sleeping into existence and awaking into knowledge. When the physical life is ended, we "doze into sleep and sleep into death."*†

The great poet just quoted, in exalted strain describes an interview of the Archangel with our first parent, as he for the first time looked upon death in the cadaver of his son begotten of his loins. Adam says:

> "Have I seen death? Is this the way
> I must return to dust? O sight
> Of terror, foul and ugly to behold!
> Horrid to think! How horrible to feel!"

The heavenly visitant replies:

> "Death thou hast seen
> In his first shape in man; but many shapes
> Of death, and many are the ways that lead
> To his grim cave, all dismal; yet to sense
> More terrible at the entrance than within."

The fear of death is universal. Says Burton: "*Timor mortis, morte pejor.*" However holy the life, however strong the assurance of Christian hope, the fear of death abides. Good old Sir John Brown quaintly says: "I fear to die; I am not afraid when I am dead."‡

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* "If I had strength enough to hold a pen," said Sir William Hunter, "I would write how easy and delightful it is to die."

† Richardson.

‡ We make a distinction between the fear of death and fear in dying, as will appear hereafter.

The ancients erected propitiatory altars to disease, and to all the evils of life, and acknowledged the tranquility of death. They dedicated their sepulchral monuments *Æternali Somno.*

> "Stretched in the dust the unhappy warrior lies,
> And sleep eternal seals his swimming eyes,"

is Homer's description of the death of one of his heroes. The Greeks styled their burial places Κοιμητηριον—*cœmeterium*—the sleeping-room. The Hebrews, with other Eastern nations, represented death by terms calculated to mitigate the appalling image inspired by the last enemy. They called it a journey or departure. They compared it to a sleep and to rest, after the toils of life. It was a common expression to say of the deceased, he has gone or is gathered to his fathers or to his people. Their minds, unenlightened concerning the future, were schooled to look upon death in a pleasing light, and the universal thought was, objectively, in this direction. The obtrusive thoughts of the event, as a subjective experience, were carefully excluded. The Romans would not speak of death, but paraphrased the name—*decessit e vita.* They did not say that one has died, but that he has lived—*vixit.* Even in the middle ages, in the old Latin chronicles, when they speak of kings and of the distinguished dead, the fatal word was avoided. *Transire a sæculo—vitam suam mutare* were the terms employed.*

The inscriptions on the tombs of the early Christians, in the Roman catacombs, *seem* to bear evidence of an entire absence of terror. They are those of peace, rest, felicity. They lived amid persecutions and martyrdoms, and when the gospel had filled the hearts of believers with the hope of an eternal life of joy, death was an

* *Curios. of L.*

occasion of rejoicing rather than of sorrow to the friends of the departed. Early Christian art and symbolism, both in the paintings of the catacombs and in the mosaics of the first churches, were nowhere suggestive of gloom or dread. The very cross was wreathed with flowers and adorned with palms. The sepulture of the primitive Christians, so many of them martyrs, was memorialized in the historic paintings by what is noble and exalted. Their minds, occupied with the recompense awaiting them after their fierce trials and often dreadful death, they saw from these a happy release into a state of everlasting peace.*

When the Christian faith was established in Europe, and the church had become corrupt, the belief in a future retribution took possession of the minds of the people, and a dread of death took the place of the more comforting contemplations of the earlier Christians, in view of the future. Then it was that the people saw the "grave yawn and death in the gothic form of a gaunt anatomy parading through the universe. The people were frightened as they everywhere saw hung before their eyes, in the twilight of their cathedrals and their 'pale cloisters,' the skeleton and other most revolting emblems of death."†

We are thus led to believe that in all the past, as it now is, the calm and unexcited thought of death is mingled with fear. The mind shrinks from it as an enemy. Divine revelation declares it to be "the last enemy." We said the unexcited thought of death, for excitement and pre-occupation of mind annihilates all fear. This is manifested on the field of battle, amid its scenes of death and carnage. At the battle of Fort

* *Monumental Christianity.*

† *Curios. of Lit.*

Donaldson, in our late war, a company was detailed, as the color company, to bear the standard and plant it within the works of the enemy. The bearer of it became at once the target for hostile shots; and as one bearer fell the standard was taken by the next, and then again by another, till all but seven of the company were shot down. Excitement and a mind preoccupied led to a willing and certain slaughter, while to each of the victims the announcement in the quiet of his home that death was at the door would have caused dread and terror. A recent writer upon this subject remarks: "In regard to human kind, the Supreme Wisdom has confined the direct terror of actual death to or near the moment of death. There is little antecedent pain or mental suffering respecting the act; so little that we say, when we see in any man an undue fear of death, we call him a hypochondriac. At the worst in the natural growth of mind, the period of existence in which the dread of death is intensely developed, is a period embracing, in the majority of persons, the mere third of the term of existence. In the very young, they have *in articulo mortis* no more dread of death than of sleep. In the adolescent there is such a rapid aggregation of force—call it life—that they think of death to the last as to them impossible. In the old, the dread which may have marked a transitional stage from prime strength to first weakness, the terror is allayed by lesser care for that which is, and by that curious mental process, so persistent that it seems to proceed from beyond us, of binding the mind to the inevitable so gradually and so slowly that the progress towards the final result becomes endurable, and even happy."*

We cannot truly realize that state of mind, in the near

* *Dr. B. W. Richardson on M. & D.*

prospect of death, of one who feels the divinity which stirs within him, and to whom the future is all dark and uncertain. The great English poet gives expression to this dread uncertainty in Hamlet's soliloquy—

> "Who would fardels bear
> To grunt and sweat under a weary life;
> But that the dread of something after death—
> The undiscovered country from whose bourne
> No traveller returns, puzzles the will,
> And makes us rather bear the ills we have
> Than fly to others that we know not of?"

In the near, as also in the more remote prospect of death, the mind cherishes a concern for the body. It is not only the channel for the delights of sense, but is, in itself, pleasing to us and attracts our loving care. The aged patriarch gave directions before he died that he should be buried with his fathers. His touching language is expressive of the universal human wish, as to the disposition of the body: "There they buried Abraham and Sarah his wife; there they buried Isaac and Rebekah his wife, and there I buried Leah." The uncounted millions of their mummied dead bear witness, through all the generations since, to this care of the Egyptians, though they knew nothing of the resurrection. The great apostle to the nations, whose inspired pen wrote of the body sown in corruption and raised in incorruption, speaks of the expectancy of the creature, as he waits in hope for the redemption of the body. It is a universal experience. Everyone is sensible of a wish that a careful disposition should be made of his mortal remains. It is not very uncommon that warm flannel clothing is provided beforehand, that the body, when dead, should not be cold. I was once at the deathbed of a young woman

who knew that she was dying, and after the last words of parting and affection had been uttered, said, "Now lay me straight." Homer causes his dying hero fainting at the approach of death to say:

> "Ah leave me not for Grecian dogs to tear!
> The common rites of sepulture bestow
> To soothe a father and a mother's woe;
> Let their large gifts procure an urn at least
> And Hector's body in his country rest."

(Note C.)

A state of perfect consciousness very often exists down to the very last moments of life, and long after the eye and the tongue have ceased to perform their office. A gentleman whose wife was about to die from the exhaustion of a protracted and complicated labor, said to her, while he could converse with her, that he would hold her hand when she was dying, and when she could not respond to his demonstrations of affection and sympathy by the usual methods, he would press her hand, and he wished her to return the pressure as a token of her recognition still. Long after speech was gone and every faculty of the mind seemed to be shaded in death, down to the last moment of respiration, she faintly returned the pressure of his hand.

In cases of acute diseases attended with delirium, a resumption of the mental faculties occurs at the approach of death. When the mental derangement is secondary and the cerebrum has not undergone pathological changes, it not infrequently completely subsides.* An unexpected and complete return of consciousness from apparent insensibility is observed in various classes of diseases—as in the deadly forms of fevers endemic in hot latitudes. A Greek physician—Aratœus—who flour-

* La Roche.

ished about the middle of the first century of the Christian era, and whose authority was scarcely inferior to that of Hippocrates, describing the first stage of causos or ardent fever, notes among the symptoms of the second stage a condition of delirium; and that at the close of fatal cases and the approach of death, every sense became clear and the intellect acute.*

In most cases, the act of dying is attended with delirium or a disturbance of the mental powers. Illusions of the mind, visions of objects animate and inanimate, become manifest. Angels are seen hovering over the dying one; the room is to them illuminated with an unearthly light, or bright stars are seen shining in surrounding darkness; choirs of songsters singing and harping heavenly music are heard. The English poet, in his famous ode, represents the angelic visitors ministering to the dying Christian in seraphic strains and in gentle whispers calling upon him to come away. It appears in other forms—as in a train of thought sometimes connected with old scenes, past pursuits or business. In those of quick sensibilities and ardent temperaments—in artists, for instance—as noticed by Papillon, "there is a quick and sublime new burst of life in the creative genius." He refers to the angelic end of Beethoven, who, before he breathed out his soul, regained his lost speech and hearing, and spent them in repeating, for the last time, some of the sweet harmonies which he called his "prayers to God." The last words of Dr. Armstrong were addressed to an imaginary patient, giving him directions as to his regimen. An aged schoolmaster, as he was dying, said: "Boys, it is growing dark; the school is dismissed." An English legal officer raised himself from

* Ibid.

his couch, and with the words "Gentlemen of the jury, you will find—," fell back and expired.

A state of mind is not uncommon where there *seems* to be a quickening of the spiritual sense—the immortal part—to the appreciation of something not of earth, when it penetrates into scenes beyond the natural. Senator Foot, after lying quiet for half an hour before his death, suddenly lifted his hands and, with eyes now open and full of unearthly light, exclaimed: "I see it! I see it! The gates are wide open! Beautiful! Beautiful!" and almost immediately expired. Many illustrations of this kind might be given. (Vid Note D.)

Far be it from me to discredit or depreciate the hope of the Christian believer and his happy, restful death; nor dare we say that his eye *cannot* be quickened to have a momentary view of the mysteries beyond the mortal life. Saul, on his journey to Damascus, saw with his natural eye his glorified Lord; and on a subsequent occasion he was caught up to Paradise and saw visions which were unutterable, whether in the body or out of the body he could not tell. The union of the body and the soul is a mystery. When sleep partially releases the soul from the fetters which bind it down to the mortal, who that analyses the operations of his mind has failed to recognize, at times, its enlarged scope and capacity in the higher realms of thought. When we see the bond finally and completely severed, we stand in the presence of a sublime mystery in silent wonder and reverent awe.

The manifestations of the dying, such as we have described, belong to the natural. A recent writer remarking upon this subject* notes that in the anesthæsia induced by chloroform, the visions similar to those

* Spencer in *Pop. Sci. M.*

immediately preceding death are experienced, and vary according to the temperament of the subject of them. It is not infrequent that beatific visions occur, and notices one patient who invariably, when under the influence of chloroform, sees angels hovering round her bed. The asphyxia caused by carbonic acid gas is attended with disturbed fancies similar to those attendant upon the act of dying, and doubtless in each case the result of carbon poisoning.

The popular belief in the reality and significance of these phenomena is very strong, and the memory of them, when they do occur, is cherished by surviving friends as a source of perennial pleasure. No physician of any considerable experience has failed to observe them. They are sometimes of the most impressive nature and excite our deepest interest, but they give no new disclosures of the other world. The physiology of death teaches us that they are the clairvoyance of the dying, and are of no more significance than the clairvoyant dreams of the living. They are the signs which the reeling brain gives out of its own waste. The moral conditions in death usually correspond with those in life. (Note E.) "God does not, in the final hour, work a miracle to improve upon the constitutional make which he gave us at the creation." * (Note F.)

Divinity, law and medicine are distinguished from all others as the learned professions. Those who enter them are not attracted by the promise they give for the accumulation of wealth, nor do they foster an ambition to reach high civil distinction. A few in the ranks of each may secure both, but such prizes are not in the line of an earnest devotion to the higher purposes of any one

* Austin Phelps.

of them. They are each a resultant of the higher needs of the race. If man had not fallen from the estate in which he was created, none would have been called to proclaim redemption—none to study and adjust and regulate the laws of right and justice, in a world where the thoughts and purposes and acts of men were always conformed to a spontaneous and invariable acceptance of them; and so the perfection and harmonious workings of our physical and psychical nature would have forever saved the human race from the pains, and sufferings, and diseases, and mortality of the body. The discussion of our subject cannot fail to impress us with the important and grave responsibilities assumed by the physician when he gives himself to his chosen life-work. Lord Bacon says: "Every man is a debtor to his profession." In each of the learned professions this is emphatically true, for their conscientious pursuit involves the fact that a debt is due to our fellow-men. Need I say that a pure personal character, a profound estimate of the claims of humanity, a loving sympathy with the sufferings of the sick and the most assiduous efforts to avert the dreaded event of death—more dreadful, oftentimes, to the living than to the departing—should distinguish the practitioner of the healing art. Our calling is not a mercenary one. The man who enters it with no higher conception of it than a business, fails to appreciate its claims upon him. Says a recent writer: "The physician who makes gold the chief end of his profession, disgraces it." We may add here, the community soon finds him out and estimates him accordingly. It is a calling which invites to mental application and to scholarly attainment. Nature reveals her secrets only to those who, by study, search for them in the wider fields of literature and science cognate to medicine. The subjection of her treasures to

his own use can alone secure the broadened intellect and the higher impulses of the learned physician. When, to all this, he cherishes a devout and abiding purpose to meet the claims of the God of nature upon his reverent personal service, he meets the claims of his profession, does good in his day, and commands the loving respect of his fellow-men. When such a life is finished, its memory is blessed.

We have seen the fruitful overspreading tree against the cold, auroral-tinted sky of a winter's sunset. Its beauteous summer foliage withered and gone, its fruits all garnered; but its graceful and harmonious outlines tell of its spring bloom, its summer beauty and its autumnal fruitage. It foretells, as well, its richer products in the future. So is a finished life. Its fruitage is over, but its fragrant memories recall its outlines, full of grace and beauty, as they foretell the rewards in store for one who has served well his God and his fellow-man.

SUPPLEMENT.

NOTE A.—CENTENARIANISM.

William John Thoms, who wrote on "Longevity" (London, 1878), made a laborious and very thorough investigation of the cases of reputed centenarianism in England. His careful researches resulted in establishing the mythical character of them all, and the fact that 102 or 103 years are the extremest age to be found in England, with but one or two of even that limit. He says: "After reading within a short period of the death of Ebenezer Baillie at 103, of Capt. McPherson at 100, of Betty Evans at 102, of Jno. Naylor at 117, of Sarah Edwards at 104, of Margaret Curtis at 103, of Sarah Pay at 104, of Sarah Jones at 108, of Sarah Clarke at 108, of Matthew Baden at 106, of Richard Purser at 112 and Jacob Fournais at 135, of Jonathan Reeves (still living, 1873) at 105, of Wm. Webb of same age, of the parish officer of Chelsea sending up in a balloon an old woman, Mrs. Hogg, to celebrate her 101st birthday; and of public entertainments to celebrate Susan Stevenson's 100th birthday, and of public breakfasts to Capt. Lahrbush (of New York), to celebrate his 104th and 105th birthdays—after reading such announcements as these, and dozens of other similar notices, it seems almost an impertinence to doubt the accuracy of any of these statements, though there is scarcely one per cent. among these confident announcements which will bear the test of a thorough investigation."

He then speaks of the difficulties of such investigations: the doubt cast upon statements of those who "know them to be true," but cannot make their knowledge plain; the recklessness with which they are made without previous enquiry; the blinding of the judgment by the love of the marvellous; the known indifference of accuracy as to statements of facts and, notwithstanding the scepticism which prevails among medical men and others, "the simple, childlike faith with which men of the highest eminence in medical science accept, without doubt or hesitation, statements of the abnormal prolongation

of human life which startle plain matter-of-fact men, when their attention is called to them. Nay, not only receive these astonishing statements as if they were established, well-authenticated facts, but proceed to use them as premises from which to draw deductions still more startling." Mr. Thoms justifies this statement by a reference to an article on Longevity in the *Edinburg Review*, January, 1857, by Sir Henry Holland, who says: "At present it is enough to state that we have sufficient proof of the prolongation of life to periods of from 110 to 130 and 140 years—cases which, thus authenticated, we must necessarily take into view when dealing with the question of human longevity."

Mr. Thoms declares that the statements of this distinguished writer are directly at variance with our daily experience, all our life tables and all the records of our insurance offices, and that a careful re-examination of the evidence on which they are based would demonstrate their utter worthlessness.

Our author, inspired with the enthusiasm of his subject and recognizing the accuracy of the remark of Dr. Johnson, that "instances of long life are often related which those who hear them are more willing to credit than examine," undertook to investigate all the cases of prolonged life and published the results. As many of them have become historical and accepted as veritable, a notice of a few of those most remarkable is not inappropriate.

THOMAS PARR.

It is said of Parr that he was born at Winnington, in the parish of Alberburg, in the year 1483. In 1635 the Earl of Arundel, visiting his estates in Shropshire, "the report of this aged man (then reputed to be 152) was certified to him." He saw him and sent him, in a litter, to London, where he was presented to the king. In less than two months thereafter he died, and the celebrated *post mortem* examination was made by Harvey. Then the "old, old, very old" man was buried in the south transept of Westminster Abbey, where his gravestone records what doubtless, those who placed it there believed, that he had "lived in the reigns of ten kings." This record has no doubt contributed to perpetuate the popular belief in his 152 years.

An account of Parr is contained in the metrical life of him, by John Taylor, called the water poet, from his being a waterman, pub-

lished in 1635. It does not appear upon what authority the definite statements as to the events of Parr's life, and the dates at which they occurred, were made. Probably the same report to which Harvey referred, or some printed sheet circulated at the time. These statements, our author says, are, under the circumstances of Parr's rank and condition of life, remarkable for their precision and minuteness. His endeavors, however, to discover the slightest corroboration of any one of the facts relating to old Parr, with the exception of his death in 1635, utterly failed in "bringing out a single scrap of evidence," notwithstanding his appeal to antiquaries, men of letters and clergymen connected with Shropshire or interested in its history, and public and widely-circulated appeals for information upon the subject. He remarks upon the incredible story of the "old, old, very old man," that he does not know which is the most to be wondered at – "the exceptionally great age of 152 attributed to Parr, or to the fact that for upwards of two centuries no body has appeared to doubt its accuracy, or to have taken the slightest trouble to ascertain upon what evidence it is founded."

Harvey's autopsy, so relied on and frequently alluded to, furnishes no evidence whatever of Parr's age. All he could say was, "It seemed not improbable that the common report was true," that he was convicted of bastardy after he passed his 100th year. This opinion was formed from the condition of the organs of the body *post mortem.*

COUNTESS OF DESMOND.

The inscription on her portrait at Muckross runs thus:

Catharine, Countess of Desmond, | as she appeared at ye court of our Souraign Lord King James in thys | present yeare, A. D. 1614, | and in the 140th yeare of her age. Thither she came from Bristol to seek | Reliefe, ye House of Desmonde having been ruined by Attainder. She was | married in ye Reigne of King Edward IV, and in ye course of her long | Pilgramage renewed her teeth twice. Her principal Residence is | Inchiquin, in Munster, whither she undauntedlye | proposeth (her Purpose accomplished) incontinentlie | to return.—**Laus Deo* (S. C.)

Her husband was Thomas the twelfth Earl of Desmond, a grandson of her great grandfather, James the seventh Earl, so that they were cousins-german, once removed. She was the second wife; and as his first wife was living in 1528, the marriage must have been sub-

sequent to that date, for Mr. Nichols shows most clearly (p. 60) that in 1528—the twentieth of Henry VIII, *forty-five years after the death of Edward IV—she was not married.* The rental book of the ninth Earl of Kildare, "proves that, at that date, 1528, Shela was still the wife of Sir Thomas of Desmond." At her death, which is recorded in one of the Pedigrees compiled by Sir George Carew, Earl of Totness, where we find "she died in A. D. 1604," she had therefore been a widow for seventy years; and as she had been a mother within four or five years of the commencement of her widowhood, physiology and common sense point out that the old Countess was probably about 100, and not 140, at the time of her death.

MARY BILLINGE

is noticed in the *London Times* of January 26th, 1864, as having died December 20th, 1863, at the age of 112 years.

An investigation of the register of births and baptisms showed that she was born November 6th, 1772, christened December 23d. Her tombstone records her age at 112, notwithstanding the proofs of her true age were published less than six months after her decease.

FREDERICK LAHRBUSH

came to New York City in 1848. He claimed at that time the age of 82, and to have been born March 9th, 1766, in London. This history which he gave of himself and to the verity of which he adhered, and which was accepted by the public, was quite distinguished. He entered the British army on October 17th, 1789; served with the 60th Rifles under the Duke of York in the low countries, in 1793; was present on the 8th of September, 1798, when the French General Humbert surrendered to Lord Cornwallis at Ballimanuck, in Ireland; was with Nelson in 1801 at the capture of Copenhagen; witnessed the famous interview between Napoleon and Alexander, which led to the peace of Tilset in 1807; fought under the Duke of Wellington in the Spanish Peninsula, in 1808–'10, displaying such gallantry against Massena at Busaco as to secure a promotion; was stationed at the Cape of Good Hope in the first Caffre war, and in 1816–'17 was an officer of the guard that had the custody of the Emperor Napoleon at St. Helena. After a service of twenty-nine years he sold out his captain's commission in the 60th Rifles in 1818, and after residing in Australia, Tahiti and the West Indies, migrated to New York. The

people of New York believed his story. He was exemplary as a citizen; a regular attendant at the Church of the Ascension, where for many years an arm chair was placed for the "old captain" in the middle aisle, just in front of the chancel rail. He went through the forms of kneeling and standing with military precision, his voice in the responses being heard above the rest of the congregation, piped as it was in a high treble. His habits of life and his reputed extreme age made Capt. Lahrbush a man of mark. Englishmen of high social position visiting New York, called upon him. His Royal Highness the Prince of Wales when in the city, entertained him at lunch, or met him at lunch at the house of some citizen, and became acquainted with his reputed history. Admiral Farragut and General McClellan, we have seen it stated, were frequent visitors at his house. In the spring of 1870, a breakfast was given to him in memory of his 104th birthday. This was repeated in 1872, on his 106th birthday. The dozen guests of General J. Watts DePeyster, who gave the annual breakfast, were, with few exceptions, generals of the highest distinction.

This case, which had been so widely noticed and so well known in this country, and in England as well, became an inviting subject for Mr. Thom's dissecting knife. We give the result of his searching investigations.

There is scarcely a word of truth in Lahrbush's marvellous account of his age and adventures. We notice his statements in detail:

He says he was born on the 9th of March, 1766, in London. No parish is specified.

He entered the British army on the 17th of October, 1789. The *War Office Gazette* of that date contains no reference to him or such a name.

He served with the 60th Rifles under the Duke of York in the low countries, in 1793. The 60th Regiment was then called the American Regiment, and not the Rifles, and the name of Larhbush does not appear in the "army list" of that period.

He was present on the 8th of September, 1798, when the French surrendered to Lord Cornwallis, and with Nelson in 1801 at the capture of Copenhagen. Still his name does not appear in the "army list."

He fought under Wellington in 1808–'10 in the Spanish Peninsula, displaying such gallantry against Massena at Busaco as to secure

promotion. The *Gazette* which records the promotions after Busaco, makes no mention of Larhbush's good fortune, and the "army list" does not give his name.

After a service of twenty-nine years he sold out his captain's commission in the 60th Rifles in 1818. The "army list" passes over his retirement with the same mysterious silence which it has observed with respect to his entrance upon it.

In the army list of 1819 is an entry:

Under the head of "cashiered," the reader will find the name of "Lieut. DeLarhbusch, 60 F." In writing to the War Office in 1846 on the subject of his removal from the service, Lieut. L. spoke of the cause as his "youthful errors." If born 1766, he was 52 in 1818 —a time of life which does not justify the plea of youthful errors.

The facts are, that he joined the army not in 1789, but in 1809, when his commission as Ensign in the 60th was dated. Again, Lahrbush served only nine, not twenty-nine years. He never was a captain, and had no commission to sell. He did not sell out, but was cashiered in 1819.

NOTE B.—APPARENT DEATH.

About 1854, Mrs. —— was confined with a fully-developed and healthy boy. It was born at full time and in natural labor. It did well for two days. On the third day, upon calling to see the mother, I found the baby apparently in *periculo mortis*. It had been taken suddenly ill a short time before "in a kind of fit." I sat down by the child and awaited its dissolution. It seemed so near to death that I was not prompted to do more. I watched it to its apparently last gasp. Everything indicated that life was extinct. The body was prepared for the grave, laid out and placed upon a table in the usual manner. I called the next day and found the child as well and as natural as ever. I learned from the family that some hours after it was laid out as for burial, a young woman, a neighbor, came in, and taking the covering from off the body, looked upon its deathly face. While thus standing over it, she passed her hand over its head, pressing, as she did so, with her finger upon the anterior fontanelle. The child gave a convulsive start, opened its eyes, was immediately revived and apparently in health. It continued so, and has now grown to be a healthy man, married, and with a family of his own.

NOTE C.—CARE OF THE BODY.

It is reasonable to believe that, however cogent upon sanitary grounds may be the arguments for cremation, and however unobjectionable may be the arrangements and external surroundings for the process, the sentiments of the living in regard to the body will ever be a hindrance to its general adoption. The place of the buried dead is dear to the hearts of those who survive, and the desire to be buried with the mortal remains of loved and venerated ones who have gone before, has not been lessened from the earliest history of burial to the present time. It is more imperishable than the rock crypts of the early ages and the enduring monuments of the present. Among Christian nations, the belief in the resurrection of the body is inwrought with the Christian faith, and the process of burning the body to ashes is obnoxious, however unscientific may be the popular view as to the ultimate elements of animal structure. The advocates of cremation in our day, with a few notable exceptions, are among those who do not accept the sublime verities of the future as they are disclosed by divine revelation.

NOTE D.

Senator Foot died about the time when "Gates Ajar" was a very popular and widely-read book. Its title, new till its publication, became a common term in the conversation and thought of the people; and its attractive suggestions as to the scenes of the future life, engaged the thoughts of devout minds, and doubtless those of the dying Senator.

A distinguished clergyman died in 1862. In his earlier years he was a student at West Point, but resigned and prepared himself for the ministry; but through all his future life his demeanor was permeated with an element of military spirit and bearing. In one of the later years of his life he wrote a memorial notice of a clergyman with whom he was intimately associated, and whom he greatly admired. At the close of his notice he says of his death that his awakening was in that city of light that needed not the light of the sun, but of which "the Lamb was the light thereof." When he himself came to die his last words were, "I move into the light."

At death the brain is anæmic. The mind is in a dreamy state. Old life scenes and trains of thought, modified by former habits, men-

tal constitution or study, formulate themselves into visions just as in the dreams of the healthy sleeper, and when uttered, as they often are by the dying, seem to be real and consistent. They are mental only—the immortal part, indeed, in exercise, but still held in bonds by the mortal.

NOTE E.—FEAR IN DYING.

A graduate of a German University, and educated for the priesthood in the Roman Catholic Church, came to this country to seek his fortune. His expectations were not realized, and to gain a living he learned a trade. His habits became bad, and after a few years of intemperance, he came to his deathbed. His disease did not affect his mind. His family well understood that he could not live, and I supposed that he had been by them informed of the fact. He was a man in middle life. His head was symmetrically developed, and thinly covered with hair about an inch long over all the scalp. On the morning of his death, upon entering his room and looking upon him, it was evident that he was moribund, and I so informed his wife. She went to his bedside and said, "The Doctor says you are dying." He sat up in bed, looked at her and his children and others around, with a look of indescribable horror and extending his hand to each, in a hoarse sepulchral voice he bade them "good bye," the hairs on his head standing stiff and erect, like so many needles. He soon after lay down and died. His intelligent acceptance of the teachings of his church—than which no Christian church is more pronounced upon the doctrine of a future retribution—came to him now in these last moments of a wasted life. The call so sudden to face what he believed to be the realities of the future, was the occasion of this horrible death scene of twenty-nine years ago (July, 1855) which is photographed upon my memory. The characteristic phenomenon from the effect of fear I have never witnessed but on this occasion.

Such an exhibition of fear in the dying hour is very rare. Our physical and psychical natures hinder it. When in the midst of the buoyant vigor of a healthy life and expectations of lofty purpose, severe sickness arrests the prosecution of cherished worldly schemes, the subject of it soon finds that the pains and discomforts of his new condition withdraw his mind from its former channels of thought. The fact neither disturbs nor annoys him. His thought centres in the urgent needs of his diseased condition. The busy world without

ceases to excite interest or foster desire. The forces of life, heretofore so strong in driving to action, are broken. The high impulses and long-cherished, lofty purposes have lost their hold. The body weakened, the scope of mind is straitened; and now, as comes the conviction—slowly, it may be—that all this betokens the approach of the end of all that is mortal, the mind peacefully accepts it—in appearance equally peaceful to the saint and the sinner: the one in Christian trust, the other in mute waiting in the presence of the inevitable.

NOTE F.—THE ART OF DYING.

A clergyman of long experience and with an acute knowledge of men, was once asked by an old physician, "Has it ever occurred to you that the aphorism, the 'ruling passion strong in death,' is sometimes illustrated in the religious ecstasies of the dying hour?" The significant expression of face and his emphatic affirmative nod gave his reply, and confirmed the convictions which occasional observations have forced upon the mind of this writer. It is not to be looked for so much in those who have led an irreligious life, as in those of religious impulses. Self esteem and vainglory are elements of character which sometimes appear even in the manifestations of the death hour, They are, indeed, not consistent with the emotions of a truly humble, and pious spirit, but they show that even down to the last of earth the earthly abides.

Perhaps Dr. Johnson had something of this sort in his mind when he said to his friend Boswell, "The art of dying is of no importance, it lasts so short a time."

ESSAY.

BY CHARLES J. KIPP, M. D., OF NEWARK.

ON THE PREVENTION AND TREATMENT OF PURULENT CONJUNCTIVITIS.

I am not sure but that I ought to apologize for having chosen for this paper a subject with which you are as familiar as I am, and concerning which I have nothing new to offer. Having had, however, the opportunity of treating many hundred cases of purulent conjunctivitis during the last fifteen years, I have thought a concise statement of the experience thus gained might not be entirely without interest to you.

Beginning with the most frequently-observed and most important variety of this disease—the purulent ophthalmia of the new born—I may state that I have no doubt of the correctness of the prevailing opinion that this disease is always the result of inoculation, and that in many cases at least, the disease can be prevented by the employment of prophylactic measures. As long ago as 1854, William Mackenzie* wrote as follows on this subject: "There is reason to believe that this disease is not unfrequently an inoculation of the conjunctiva by leucorrhœal fluid, during parturition; and that, therefore, it might often be prevented by repeated injections of tepid water or a weak alkaline solution into the vagina, in

* *A Practical Treatise on the Diseases of the Eye*, Am. Ed., 1855, p. 460.

the first and second stages of parturition, and by carefully washing the eyes of the infant as soon as it is removed from the mother. The former precaution is scarcely ever and the latter too seldom attended to. The practitioner ought to acquaint himself beforehand with the fact whether the mother is affected with any vaginal discharge, and be prepared to use the means proper for averting the danger thereby arising to the child. If the vaginal discharge is not removed, or if, on the child being born, nothing is done to it for perhaps half an hour or longer, every chance is given for inoculation of the eyes. It will, in general, be found that, when the child becomes affected with this ophthalmia, the mother had leucorrhœa or gonorrhœa, and that the eyes were not cleaned for some time after birth."

At present, vaginal injections are, I believe, but little employed for this purpose; and instead of simple water, solutions of carbolic acid, of boric acid, of salicylic acid, of corrosive sublimate, of nitrate of silver, and of other antiseptics, are now used in many lying-in hospitals for washing out the child's eyes. Alfred Graefe* recommends irrigation of the everted lids with a two per-cent. solution of carbolic acid immediately after birth, and twice daily during the following two days. He advises, also, that in all cases in which the mother is known to have a vaginal blennorrhœa, the lids and the surrounding parts be thoroughly cleansed with the same solution, and that, if practicable, a compress, wet with this solution, be kept constantly on the lids between the irrigations. Credé† has for some years instilled a drop of a two per-cent. solution of the nitrate of silver into the

* Volkmann's Sammlung Klinischer Vorträge, No. 192, p. 1,594.

† Archiv f. Gynäkol. Bd. XXI.

eyes of all children born in the hospital under his charge; and it is claimed that since this measure was adopted, only four cases of purulent conjunctivitis have occurred among 1,029 children, while formerly this disease attacked more than nine per cent. In a lying-in hospital in Stuttgart,* where Credé's method was used, not a single case of ophthalmia neonatorum occurred among 361 children born there in 1881, while in the three preceding years, from 9.6 per cent. to 14.3 per cent. were afflicted with this disease; and in the wards in charge of Drs. Carl and Gustav Braun, in Vienna,† as well as in other lying-in institutions in Vienna, a considerable reduction in the number of cases has been brought about by the employment of this method.‡

Kehrer,‖ on the other hand, has, after a fair trial, abandoned the use of nitrate of silver, which in his hands produced marked irritation and watery secretion, notwithstanding great care was taken to prevent the solution from coming in contact with the cornea. At present he uses a one per-cent. solution of carbolic acid for irrigating the eyes of the child, but seems to rely chiefly on disinfection of the vagina by means of a two pro mille solution of corrosive sublimate in glycerine, as a preventive of the eye disease. By these means the frequency of purulent conjunctivitis, in his hospital in Heidelberg, has been reduced to between three and four per cent.

The instillations of carbolic acid and nitate of silver solutions here mentioned have, moreover, found but little favor with ophthalmic surgeons, many of whom, including myself, think such solutions entirely too irritating to a

* Bayer, Archiv f. Gynäkol. Bd. XVIII.

† Felsenreich, Archiv f. Gynäkol. Bd. XIX, p. 495.

‡ Königstein, L. Archiv f. Kinderheilk. Bd. III.

‖ Henry Schwarz, "American Journal of Ophthalmology," Vol. I, No. 1.

healthy eye, and fear that they do more harm than good. In private practice it will be sufficient, I think, to carefully wipe from the eyelids any vaginal secretion which may adhere to them, and to wash out the conjunctival sac with plenty of clean, tepid water, or, if you wish, with a saturated solution of boric acid, immediately after birth, before the child is put into the bath.

In England, and other parts of Europe, measures looking to the dissemination among the people of knowledge regarding the cause of the ophthalmia of the new born, and the means to be resorted to for its prevention, have lately been under discussion in medical societies, and steps have been taken to distribute among all classes of society cards of instruction, drawn up in the simplest possible language. The same might be done here by our State Board of Health, which has already done so much to enlighten the people with regard to the causes and the prevention of disease; and I have no doubt that if this Society should see fit to recommend the publication of a circular embodying such information, the State Board would gladly do this. Most of the cases of blindness from ophthalmia neonatorum which have come under my notice were, as I have before remarked, the result of neglect on the part of the parents to put the case in the hands of a competent physician at the beginning of the disease; and it is therefore reasonable to expect at least a reduction in the number of the hopelessly blind in the future, if the people are made aware that by early treatment of the disease the eye can be saved, and that neglect will probably result in blindness.

I believe it to be the duty of every physician attending a case of purulent conjunctivitis to point out to the persons living with the patient the very contagious nature of the discharge from the eye, and to warn them not to

use any of the towels, washbowls and other articles used by the patient. Whenever it can be done, the patient should be isolated, and the nurses attending him should not only be compelled to wash their hands thoroughly with some disinfectant every time they have dressed the eye, but should be prohibited from going into other wards.

Passing on now to the treatment of the purulent conjunctivitis of the new born, I may state that this disease varies considerably in severity in different cases, and that this difference, in all probability, depends on the quality and quantity of the virus which extend the eye, and perhaps somewhat also on the general condition of the patient. Thus, for instance, I have seen, in a well-developed and otherwise healthy infant of a mother with gonorrhœa, the corneæ of both eyes perforated on the fifth day of the conjunctivitis, when the case came under my care; and, on the other hand, I have seen the puny seventh-month's child of a prostitute pass through a severe form of this disease without the slightest corneal trouble, under no other treatment than ordinary cleanliness. In the great majority of the cases which are seen in private practice, the disease is of a comparatively mild character, and requires but little more than the frequent and thorough removal of the discharge by means of clean water to bring it to a favorable termination. But every now and then cases are met with, even in the best families, in which the disease, if not properly treated, leads to serious disease of the cornea and, consequently, more or less impairment and even total loss of vision; and it is to the treatment which I have found most efficacious in this class of cases that I desire more especially to call your attention.

On looking over my case books I find that in 156 cases

of ophthalmia neonatorum which came in the different stages of this disease under my care in the last six years, the corneæ were damaged at the time the case came into my hands in 38, or 24.3 per cent. 90 per cent. of these 156 cases did not come to me till the twelfth day of the disease, or later; and as in all of these the discharge was still very profuse, it is apparent that they were all of a severe character. All of these cases were treated in the manner I shall describe further on, and with the following results. In less than two per cent. of the cases in which the cornea was clear at the time the patient came under treatment, slight superficial ulceration of the cornea developed subsequently. Although in each of the cases so affected the conjunctival disease had existed for more than two weeks when I first saw it, and the discharge was very profuse, the ulcers healed without leaving a scar sufficiently dense to impair vision. In the cases which I treated from the beginning of the disease, no disease of the cornea supervened. Of the cases in which the cornea was implicated at the commencement of treatment, 34 per cent., or 7.1 per cent. of the whole number (156) of cases, lost useful vision in one or both eyes; and in several of these, staphyloma developed, which lead to secondary glaucoma, and thus necessitated the enucleation of the eye. Many of these cases of ophthalmia neonatorum occurred in well-to-do families, but the great majority among poor people who brought the children to the Infirmary for treatment. In about two-thirds of the cases, neither mother nor child had been under the care of a physician, but had been either attended by ignorant midwives, or had been entirely neglected. We thus see that the method of treatment employed in these cases not only prevents the development of affections of the cornea in all, or nearly all, recent cases, but that it is

capable also of arresting the progress of destruction in most of the neglected cases.

Briefly stated, this method consists in scrupulous cleanliness, the application of cold to the lids in the early stage, and the application of the nitrate of silver to the conjunctiva during the pyorrhoic stage.

During the first few days of the disease—while the lids are hot and shining, the conjunctiva is tense and smooth, and the secretion consists of straw-colored water—I have found it best to do little more than to apply cold compresses to the lids, and to clean the eyes at short intervals. I prefer absorbent cotton to sponges for wiping away the discharge, and for the purpose of removing the secretion from the conjunctival sac I drop water from an eye-dropper between the slightly opened lids. Formerly I used a syringe for cleansing the eye, but abandoned it on account of the danger of spirting some of the secretion in one's own and the attendant's eyes. As a rule, I have the eyes opened and cleaned at least every hour in the beginning of the disease, and later, when the discharge becomes more profuse, still oftener. The compresses should be applied continuously in cases in which the lids are very swollen and hot, but in less severe cases I frequently apply these only for an hour three or four times daily. In severe cases it is best to cool the compresses on a block of ice, but in all others they may be dipped in cold water; care should, however, be taken to change them sufficiently often, as otherwise they will, by acting as poultices, do more harm than good. In order to thoroughly carry out this plan of treatment, it is of course necessary to have at least two nurses, as no nurse can be expected to do this work faithfully for more than twelve hours out of the twenty-four. In private practice I decline to undertake the treatment of any case at all

serious, unless I can have some reliable and competent attendants with the patient night and day during the whole course of the disease; and my advice to you is to do likewise, if you want to make sure of obtaining good results. Of the various antiseptic solutions which have been recommended by different physicians for cleansing the eye, I have tried several, but cannot say that the cases in which I used them did better or were cured quicker than those in which simple water was used. More than thirty years ago, Mackenzie* recommended for this purpose a tepid solution of the bichloride of mercury—the most fashionable antiseptic of to-day—in the proportion of one part to 4,000 of water, with which the eye is to be washed out four times daily. "This collyrium," he says, "used in cleansing the eyes, tends gently to repress the discharges. Alone, however, it is not sufficient for that purpose, and we have recourse, therefore, to astringent solutions of more power. The solution of nitras argenti is what I have found most use ful." Boric acid, carbolic acid, the benzoate of sodium, and, indeed, all the antiseptics, are strongly recommended for this purpose by others, and some, like Becker,† use no other remedy during the entire course of the disease. He merely keeps a bit of linen wet with a one per-cent. solution of salicylic acid constantly on the lids, and occasionally has the eye washed out with the same solution. Caustics are used by him only in cases which threaten to become chronic. Under this treatment he says he has not lost an eye. Dor‡ washes out the eyes with a one per-cent. solution of tannin, and, in addition,

* Op. Cit., p. 464.

† Bericht über die 12te Versammlung der Ophthalm. Gesellschaft, Heidelberg, 1879, p. 119.

‡ Loc. cit., p. 115.

drops into the eyes a solution of the benzoate of sodium (one part to twenty of water) and a ten-per-cent. solution of tannin, alternately every fifteen minutes. He states that while this treatment did not shorten the stage of suppuration, it enabled the child to open its eyes on the second day of treatment. Graefe* used for a while nothing but a one-and-â-half-per-cent. solution of carbolic acid; but further experience has taught him to mistrust this method, and to resume the caustic treatment. He is convinced that antiseptics alone cannot reduce the higher degrees of swelling of the conjunctiva, and thus prevent disease of the cornea.

The frequent cleaning of the eyes, which I consider of the greatest importance in all stages of this disease, is, in Becker's opinion, not only unnecessary, but often productive of injury to the cornea, especially in the first stage, and he therefore omits it entirely, and merely prevents the gluing together of the edges of the lids and the accumulation of secretion in the conjunctival sac, by keeping constantly a wet cloth on the lids.

In addition to the application of cold and the frequent removal of the secretion, I have found it necessary, as I have before said, to make applications of a solution of the nitrate of silver to the conjunctiva; and these I begin when the disease has fairly passed into the second stage—that is, when the lids have lost their shining aspect, and can be easily everted, the discharge has become thick, creamy and abundant, and the conjunctiva is soft, succulent and velvety. This usually occurs on the third or fourth day of the disease, but in some cases not till the fifth or sixth day. In former years, when my experience with this disease was more limited, I treated

* Loc. cit., p. 150.

several cases from the beginning with the caustic, and, in some of them, diphtheritic patches made their appearance in the conjunctiva and the corneæ became implicated. Since then I have been in less haste, and in order to avoid all risk, have often allowed the purulent discharge to become profuse before making the application. As a rule, I begin with a one per-cent. solution, and if on my next visit on the following day I find that the discharge is still thick and no patches of coagulated fibrin adhere to the conjunctiva, I either use again the same solution or substitute a two per-cent. solution, if the discharge has rather increased than diminished in quantity. Immediately after the application of the caustic, I sometimes apply cold compresses to the lids to mitigate the pain, but in most cases I entirely discontinue the cold compresses as soon as the second stage of the disease is thoroughly established. The cleansing of the eye must, of course be as assiduously attended to in this as in the first stage. In the great majority of my cases, I have not found it necessary to apply the two per-cent. solution of the caustic more than once in twenty-four hours; but occasionally I have encountered cases in which the secretion was not speedily reduced by one application daily, and in these an application every twelve hours soon brought about a decided improvement. In cases which did not come to me till the second or third week of the disease—and in which the discharge was very profuse, the conjunctiva enormously swollen and covered with enlarged papillæ, and the cornea was infiltrated or ulcerated, I have never hesitated to use a two or even three per-cent. solution from the first, and to repeat the application twice daily till the discharge was much lessened. After that, I used the caustic but once daily; and when the discharge assumed a muco-purulent character, substituted a one per-

cent. solution for the stronger one, and subsequently increased the interval between the cauterisations to from two to three days. Knowing from the experience of others that the abrupt discontinuation of the daily application of the nitrate of silver is apt to be followed by a relapse of the disease, I have always endeavored to follow the above plan, but, as it is impossible to entirely control dispensary patients in such matters, have seen a number of instances in which, after an absence of from four to five days, while the eye disease was improving, the child was brought back in a worse condition than ever before.

A few words as to the manner in which I make the application of the caustic solution may not be out of place here, for the results depend largely on this proceedure. In order to make the application in a satisfactory manner, it is necessary that the child's head should be thoroughly fixed; and this I secure by placing the child in the lap of the nurse in such a way that its head, with its face upward, of course, rests between my knees. In mild cases I evert both lids at the same time, but in severe ones I evert each singly, and during the cauterisation protect the cornea with the other. After I have thoroughly dried the conjunctiva, I apply to it the nitrate of silver solution with a large camel's-hair brush; and according to the effect I wish to produce, wait from one to several seconds before I apply water to wash away the caustic. In simple cases I apply the water as soon as a thin film has formed on the conjunctiva, while in cases with excessive swelling of the retro-tarsal fold, I wait till the conjunctiva is tolerably white. I use a separate brush for each lid, and apply with it both the caustic and the water. After use, I have the brushes rinsed in warm water and dried. In this way, all danger of inoculating others with these brushes is avoided.

With regard to the affections of the cornea which may be developed in this disease, I have found it advantageous not to interrupt the caustic treatment on account of such a complication, but rather to push it, so as to bring the suppuration to an end as speedily as possible. Diseases of the cornea call, in addition, for instillations of atropine or eserine. The last named remedy I formerly used a good deal more than I do now. At one time I thought that it not only exerted a favorable influence on ulcers of the cornea, but that it also assisted in diminishing the discharge. Further experience has, however, convinced me that it has no advantage over the sulphate of atropine in this respect; and as it, moreover, not unfrequently causes hyperæmia, and even inflammation of the iris, and in many cases severe pain in eye and forehead, while the atropine is painless, I now use the latter remedy almost exclusively in these cases. Great care must, however, be taken in cases with ulceration of the cornea, to handle the lids very gently while applying the caustic, since pressure on the eyeball may cause a rupture of the floor of the ulcer, and the expulsion of the crystalline lens and the vitreous body. If perforation of an ulcer is threatened, it may be well to puncture the floor of the ulcer, though I prefer, in such cases, to apply a pressure bandage to both eyes for an hour at a time, several times daily. In cases of prolapse of iris in the corneal opening, I have rarely found it necessary to either puncture or to abscise the protruding iris. In most of these cases the prolapse disappeared when the conjunctivitis was cured; and in the cases in which it did not disappear spontaneously, I delayed operative interference for weeks after the conjunctivitis had subsided.

With regard to the purulent conjunctivitis of older children and adults, I would [illegible]t I have treated it in

about the same way as the purulent ophthalmia of the new born; and although the caustic treatment has, in this class of cases, and more especially in those resulting from the inoculation of gonorrhœal virus, not unfrequently failed to prevent serious disease of the cornea, it has, on the whole, given me better results than any other mode of treatment that I have tried. In robust persons I have often, in addition to the application of cold to the lids, resorted to local depletion by means of six to twelve leeches to the temple, for the purpose of reducing the inflammation and relieving the pain. For cleaning the eye I have used simple water, and solutions of boric acid, carbolic acid and the bi-chloride of mercury. Judging from the results, they all seem to be about equally efficacious. In adults, too, I have always delayed the first application of the nitrate of silver till the swelling and hardness of the lids had considerably subsided, and the discharge was no longer ichorous but decidedly purulent. I have, moreover, always carefully watched the effect of the caustic, and have postponed the second application for forty-eight or more hours, if the eschar produced by the caustic was not thrown off twelve hours after the application. On the other hand, I have used the caustic in strong solutions and with freedom when the discharge was thick and very copious. The development of corneal disease in such cases has caused me to use it still more thoroughly. In cases of great swelling of the conjunctiva, I have also occasionally superficially scarified the conjunctiva of the lids immediately after the cauterisation, and prolonged the bleeding from the incisions by the application of warm water to the conjunctiva. In cases in which the ocular conjunctiva was much raised by serous infiltration, I have sometimes made a number of incisions into it in a radial direction, by means of the

scissors, but in only a few cases did I thereby prevent serious disease of the cornea. In a considerable number of cases with great swelling and stiffness of the lids, I have enlarged the palpebral fissure by dividing the outer commissure for half an inch with a stout pair of scissors, one blade of which I passed into the conjunctival sac behind the commissure and the other in front, and then closed them. The rather free bleeding attending this little operation has seemed to me to be of great service in these cases, and probably did as much good as the removal of the pressure from the cornea. Although this procedure is undoubtedly of considerable value, it should be resorted to only in severe cases, as, for forty-eight hours or longer after the operation, the cleaning of the eye causes great pain, and therefore interferes with it. The affections of the cornea occurring in the course of his disease in adults, I have treated in the same manner as in infants.

Briefly summarized, the treatment I have found most useful in this disease in adults, has consisted in local depletion by means of leeches to the temple, the application of cold to the lids, very frequent cleaning of the eyes with simple water or solution of boric acid, the application of solutions of nitrate of silver to the conjunctiva in the second stage of the disease, superficial scarification of the conjunctiva after the cauterisation, and enlargement of the palpebral fissure by the division of the outer canthus.

Under this treatment I have seen nearly all cases of purulent conjunctivitis in older children and adults, not due to gonorrhœal virus, recover without serious damage to the cornea. Of the gonorrhœal cases, unfortunately no such favorable report can be made. In a little more than one-half of these cases, useful vision was destroyed,

in spite of the most assiduous attention on the part of the surgeon and the attendants. None of the antiseptic solutions previously named, even when used from the beginning of the disease, seemed to possess the least power to arrest the disease in many of the cases; and in these the nitrate of silver also failed to prevent the effusion of much plastic material into the ocular conjunctiva and consequent disease of the cornea. In some other cases in which nothing but simple water was used besides the nitrate of silver, the cornea entirely escaped injury. Why this should be so I am unable to say, but it seems probable that in the cases on which treatment made no impression, the virus causing the eye affections contained either a larger number of the micrococci found by Neisser,* Haab† and others in the urethral secretion—as well as in the discharge from purulent conjunctivitis—than in the others, or that in the one set of cases the conjunctiva furnished more favorable conditions for the growth and multiplication of these organisms.

It now remains for me to state what I have done to prevent the inoculation of the fellow eye, in cases in which but one was affected. Formerly I closed hermetically the sound eye by means of picked lint and a piece of adhesive plaster, which was fixed by collodion to the nose, forehead and cheek. More reeently I have used a contrivance suggested by Dr. Buller, of Montreal, which affords as much protection, and is much more endurable to the patient than the hermetical bandage. It consists of a shield of macintosh about four and a half inches square, with a watch glass fastened in a hole in the

* Neisser, Med. Centralbl, 1879. Bd. 17, No. 28.

† Beiträge z. Ophthalmalogie, Friedrich Horner gewidmet, p. 159.

centre, through which the patient can see. This is carefully fastened by broad pieces of strapping to the nose, forehead and cheek, the lower outer angle being left open for ventilation.*

In well-to-do people who can employ the necessary nurses, and in-patients in hospitals, it is, however, not always necessary to do more than to warn the patients and the attendants not to touch the sound eye without having previously carefully washed their hands. In nine cases of gonorrhœal ophthalmia of one eye only which I have treated in the last few years, the sound eye was not protected either by bandage or shield, and yet did not become affected. That these cases were of a severe character is evident from the fact that in only one, the cornea was not implicated; in three, the corneæ were seriously damaged, and in the remaining five, vision was totally destroyed.

Nettleship, "Diseases of the Eye," American edition, p. 68.

ESSAY.

BY E. J. ILL, M. D., SURGEON TO WOMAN'S HOSPITAL, NEWARK, N. J.

SEVEN SUCCESSFUL CASES OF OVARIOTOMY PERFORMED AT THE WOMAN'S HOSPITAL, NEWARK, N. J.

In presenting these cases to the Society I am well aware that I am presenting nothing new. I am desirous, however, of putting them on record, and prefer to do so in the records of this Society. I will, therefore, offer no further excuse.

Before going on to relate the separate cases, I will state what is common to all, so as not to put your patience to a test.

I should here say that I never selected my cases, but operated upon all as they came into my hands. All operations were done under strictly antiseptic precautions. The first three cases with, the last four without carbolized spray.

All ligatures used were silk, previously boiled one hour in a six-per-cent. solution of carbolic acid. On the evening prior to the operation, all instruments were soaked in absolute alcohol.

For six days before the operation, all patients underwent the following preparatory treatment: The patient received a hot bath every evening, after which she was well rubbed down with towels and put to bed. This was done for two reasons: first, to get the patient's skin in good order for free perspirations; second, to thoroughly

disinfect her. She was clothed in good flannels during this time. From the first to third day she was prescribed 0,6 of magnesia ponderosa three times daily. On the fourth day she was given

Calomel	0,5
Sodæ bicarb.	0,3
Sacch. alb.	2,0

M. Div. in dos. No. V.

Sig.—One powder every two hours until three evacuations had taken place.

On the fifth day, unless contraindicated, a 15,0 dose of castor oil was given, and on the morning of the operation an enema, as also a large, hot vaginal douche. After this treatment I never had any trouble with intestines distended by gas.

During all this time the patient received five meals a day, consisting either of milk porridge, milk, beef soup, broiled lamb chops, lagerbeer, light wines or milk punch, as she desired. I considered all this very essential, and am positive of its beneficial result.

Her surroundings were made comfortable and cheerful, and the patient assured of success after she had once consented to the operation; previously to which she was candidly told of her chances. Her temperature was taken twice daily. The after-treatment consisted of one teaspoonful of hot water every fifteen minutes for twelve hours, to prevent vomiting from ether. This it certainly did, for none of my patients ever vomited from this cause. Occasionally a teaspoonful of brandy was given if circumstances required it; still, this was only done with hesitation. For twelve hours following that, two teaspoonsful of barley water were given every twenty minutes, unless the patient was asleep. For the next two days, two tablespoonsful of barley water and two

tablespoonsful of milk were given alternately every thirty minutes, or until gases are passed by the anus, when beef or chicken broth was ordered in 60,0 doses every two hours, alternately with a like quantity of milk. On the seventh day, milk and toast bread, as also rice and farina with milk, were allowed. Beef—raw and finely chopped, or tender lamb chops broiled were ordered as soon as the bowels had been moved, which was usually brought about by an enema of a pint of warm water on the ninth day. After the fourteenth day, ordinary diet was allowed.

The stitches, which were always wire of pure silver, were removed on the ninth, tenth and eleventh days, never removing more than two or three at a time, and then alternate stitches only. Strips of adhesive plaster took their place. For the first eight days the urine was drawn every six hours, after which the patient was permitted to use the bed-pan. In my seven cases there had been two exceptions to this, both patients acquiring cystitis on the fourth and fifth day. The patient was allowed to rise on the sixteenth day, and was usually discharged on the twenty-sixth to thirtieth day.

Case 1. Mrs. J. B. (through the kindness of Dr. J. Fewsmith, Jr.,), aged 27 years, native of United States, family history good, was first menstruated at the age of 13 years. Has had three children; last child four and a half years ago, since which time she has been ailing, more or less. Contracted gonorrhœa three months previous to the birth of the last child. Patient has never been strong. Had a hemorrhage from the lungs one year ago, and cough previous to that and since. Six months ago she noticed an enlargement of the abdomen, which has rapidly increased in size since.

On admission, September 7th, 1881, the patient

appeared as a very anæmic, slender-built woman of nervous temperament. On physical examination there is decreased respiratory murmur over the apices of both lungs; heart and kidneys normal; abdomen as large as a woman appears in the seventh month of pregnancy; readily fluctuating; dullness over the whole lower region of the abdomen. Upon deep pressure just below the umbilicus, a large, freely-movable body is found, very much resembling a fœtus in a large sack of water. The fluid was drawn off and proved to be ascitic. An uneven, nodular, fluctuating, movable body was now felt, with a pedicle going to the right side, not connected with the uterus, and tapped. The fluid was of thick, gelatinous character; presented the elements usually found in an ovarian cyst, namely, cylindrical epithelium, large fatty cells and, as proven by the reactions as given by Drysdale, the cells named after him.

Diagnosis: Multilocular ovarian cyst of the right side, accompanied with ascites.

Operation October 1st, 1881, assisted by Dr. Balleray and the house staff, and Dr. J. C. Young administering ether. Antiseptic precaution and spray.

An incision four inches long, commencing about one and one-half inch below the umbilicus, was made and struck the linea alba.

The ascitic fluid was drawn off, the tumor tapped and lifted out from the abdominal cavity, during which time the omentum, attached like a fan over the upper surface of the tumor, was doubly ligated in sections and cut. A moderately long pedicle from the right side was clamped with a French clamp. The abdominal cavity was thoroughly cleansed from all fluids, a drainage tube placed into Douglas *cul-de-sac*, and the wound closed with seven silver sutures, taking in a liberal amount of peritoneum.

The drainage tube was closed up, the whole covered with Lister's antiseptic dressing, and a binder applied. The patient was put to a bed, previously warmed, and surrounded with hot bottles. The tumor weighed seventeen pounds and the ascitic fluid fourteen pounds—in all, thirty-one pounds. The operation lasted one hour and thirty-five minutes.

The patient made a slow recovery. Twelve hours after the operation her temperature was 103¼°, but soon fell, to rise again on the fourth day to 105°, accompanied with great restlessness. Ice bags to the head and small hypodermics of morphia were given. Temperature never was normal until the eleventh day. On the morning of the second day about 200,0 of bloody serum was removed from the drainage tube, and the cavity was washed out with the following solution:

Acid. carbolic	1,0
Sod. chlor.	4,0
Aq. destill.	500,0

until the fluid returned clear. (*Thomas' Diseases of Women*, p. 760.) After this I never found any more fluid in the *cul-de-sac* of Douglas. Removal of the glass drainage tube on the sixth day and a smaller rubber tube substituted, which was permanently removed on the eighth day. The stump was kept covered thickly with salicylic acid. There never was any tympanitis, never a chill, and I saw nothing that partook of a septic character; nor was there any appearance of an inflammation to which I might ascribe this high fever. Her pulse never ran very high, the highest being 124 on the night after the operation. Respiration never was beyond twenty-eight per minute, and that was on the evening of the fourth day. Flatus passed for the first time on the fourth day; bowels were moved on the tenth day, and the clamp came off on

eleventh day. It was not until the twenty-first day that the patient could be allowed to sit up. On the thirty-third day she was discharged with a well-fitting abdominal supporter.

May 8th, 1884. Patient is now regular in her menses, lasting four days, and they are painless. Has not lived with her husband since the operation.

Case 2. Mrs. E. T. (through kindness of Dr. Wm. Pierson) was admitted February 22d, 1882; aged 52 years; born in the United States; widow; ceased menstruating seven months ago; had six children and one abortion; last pregnancy eighteen years since, and normal. Eighteen months ago she noticed a swelling in the right inguinal region, which rapidly increased and was very movable. Patient was very emaciated; unable to walk about from the encumbrance produced by the large size of the tumor.

Physical examination: lungs, heart and kidneys normal; abdomen very large and uneven; indistinct fluctuation; tympanitis in both flanks and epigastrium; tumor not movable; uterus pushed to the right and two and a half inches deep. Contents of cysts: the same microscopic appearance as in last case.

Diagnosis: multilocular ovarian tumor, probably originating from the left side.

Operation March 4th, 1882. Careful antiseptic precautions, including spray. Assistance, same as before.

Incision of five inches, which is increased to seven inches, in the linea alba. Adhesions to omentum, and especially large adhesions to large and small intestines; very little ascitic fluid. The peritoneal covering of the tumor is stripped off where the adhesions are situated, and left on the intestines, the vessels having been carefully ligated. The omentum is ligated in sections and returned. Pedicle from the left side is secured by a

French clamp, and cauterized with the sesquichloride of iron. Drainage tube is introduced and wound stitched up with twelve silver wire sutures, taking up liberal amounts of peritoneum. The operation, lasting two and one-half hours, was very difficult. The tumor weighed forty pounds.

The patient was carried to bed in an apparently dying condition. Frequent hypodermics of brandy and a number (5) of pearls of amylnitrite were administered; auto-transfusion by raising foot of bed about twelve inches. For five hours the pulse was hardly perceptible, although the patient regained consciousness very soon.

In the evening her temperature was 101½° and pulse 120, which was the highest pulse and temperature recorded. After forty-eight hours, the patient passed first flatus.

On the sixth day the drainage tube was removed to make place for a smaller rubber tube. Clamps came off on the fourteenth day. With exception of a slight cystitis on the eighth day, the patient made an excellent recovery, and was dismissed on the twenty-eighth day. About one week after that she acquired phlegmasia alba dolens, but recovered nicely in due time, and is a perfectly healthy woman to this day. Her menses never have returned.

Case 3. Mrs. M. F., of Somerville, N. J., admitted October 5th, 1882; aged 44 years; native of Ireland; married twenty-five years; had five children and three abortions; last pregnancy terminated one year ago in a miscarriage at three months; first menses appeared at fourteen years, and were always regular; ceased menstruating one year ago.

Her present illness dates back only ten months, when she noticed an enlargement of the abdomen, and soon

thought she felt quickening. She rapidly increased in size, and on the first day of May, 1882, had "labor pains," which continued for three days without producing the expected baby. Although dates did not exactly correspond she believed herself pregnant. In August she noticed a prolapsus of the uterus. The tumor had been tapped on two occasions.

Present condition: Patient had to be supported to the clinic. Abdomen was greatly and symmetrically distended; resonance in both flanks and epigastrium; friction sound on palpating the tumor; the whole uterus is prolapsed; fluid removed from the tumor shows the characteristic Drysdale cells, blood corpuscles, large, round, fatty cells, and degenerated cylindrical epithelium; also para—albumen.

Diagnosis: multilocular ovarian tumor.

Operation October 21st, 1882. All antiseptic precautions, including spray. Incision five inches long; escape of three pounds of ascitic fluid. Small adhesions to omentum.

The tumor proves to be one of the left ovary. The long pedicle is clamped and the stump seared with Paquelin's cautery. I hoped to cure the prolapsed uterus in this way, otherwise I should have discarded the clamp in this case. The right ovary was much enlarged, contained several small cysts and was also removed, the ligated stump, seared with Paquelin's cautery, having been returned into the cavity. There was some brisk hemorrhage from a tear in the broad ligment near the right ovary. Several ligatures controlled the hemorrhage. Toilet of the peritoneum, drainage tube and closure with seven silver wire sutures finished the operation in fifty-five minutes. Lister's dressing was applied and patient put to bed. Tumor weighed forty pounds.

One hour after the operation patient is cheerful; has a temperature of 98¾°; pulse, 88; respiration, 10; somewhat irregular, sighing. Slight hemorrhage from the pedicle on the second day, which stopped spontaneously. First flatus passed in forty-eight hours after the operation.

Highest temperature recorded was 100°, and highest pulse 100. This was on the seventh day, and was due to a small bed sore.

Drainage tube was removed on the sixth day, and the clamp came away on the twelfth day. Solid food allowed on the tenth day, and dismissed on the twenty-ninth day after the operation.

About one year later patient presents herself at the clinic. Complete prolapsus has returned. The pedicle had disconnected itself entirely from the abdominal wall.

Case 4. Mrs. K. C. (history taken November 24th, 1882,); native of United States; married four years; aged 23 years; had one child at full term and one abortion at two months, one year ago; menses appeared at age of 15 years; since her first child she was irregular, every two weeks, and lost much; mother died of consumption; always had some leucorrhœa. During the past three years she suffered greatly from pain in the left inguinal region; severest at night. There was no desire for sexual intercourse, which was painful.

Physical examination disclosed: heart, lungs and kidneys normal; cervix uteri large, severely lacerated on the right side. There was a bloody, stringy discharge from the uterus. Uterus measured two and three-quarter inches, and was tilted to the left. There was a large, very indistinctly fluctuating tumor, which she first noticed one year ago, reaching midway between the umbilicus and ensiform cartilage. It was movable, and the cervix uteri seemed to move with it. There was tympanites in both flanks

and over the epigastrium. The following measurements were taken around the hip, over the umbilicus, thirty-two inches, and fifteen inches from the ensiform cartilage to os pubis:

On Dec. 4th, the following, 32½ inches and 15 inches.
December 26th, 35½ inches and 15 inches.
January 10th, 1883, 35 inches and 14 inches.
January 23d, " 35½ " " 16 "
February 21st, " 36 " " 16 "

Fluctuation now had become more distinct. A small quantity of light-colored and very thick fluid was removed. Dr. T. M. Prudden, of New York, had the kindness to examine it, and pronounced it "a fluid which has the characters common to those of ovarian cysts." Besides the usual microscopic appearance, it contained para-albumen.

Diagnosis now was: multilocular ovarian cyst, probably of left side.

She was admitted to the hospital on March 10th, and operated upon on March 17th, 1883. All antiseptic precautions, excepting spray.

Incision of four and one-half inches, striking a little to the left of the linea alba. No ascitic fluid. A multilocular cyst, weighing sixteen pounds, was tapped and removed in the usual way, after the pedicle had been doubly ligated, cut and the stump seared with Paquelin's cautery. It proved to be the right ovary that was degenerated. There was considerable hemorrhage from a tear in the broad ligament, which resulted from the tightening of the ligature. It took two transfixed ligatures, two ligatures to bleeding vessels directly, and the cautery, to control it. The other ovary was healthy. "Toilet" of the peritoneal cavity, drainage tube, closure of wound with eight silver sutures, dressing with iodoform

and Lister's gauze finished the operation. The operation lasted one hour and twenty minutes. The greater part of this was spent in the arrest of hemorrhage.

The patient's highest temperature was 101¾, on the evening of the operation. After eighteen hours, she passed first flatus. There was never any drainage, and the drainage tube was removed on the fifth day. Patient was dismissed cured on the twenty-third day.

On August 18th, 1883, patient miscarried at three months. Another miscarriage took place on February 23d, 1884. There seemed to be no reason for this. At this date the patient is well, though still complains of the same pain in the left side which she had previous to the operation.

Case 5. Mrs. M. B., of Newark, N. J.; married; aged 46 years; German; family history good; first menstruations at 18 years; general health good; had fourteen children and no miscarriages; last child two years ago, which presented with left shoulder and was turned to a head presentation by the writer. She menstruated regularly, of normal amount and painless.

On August 20th, 1883, physical examination reveals a very large abdomen, measuring thirty-seven inches over the umbilicus and hips, and sixteen inches from xyphoid cartilage to os pupis. There is very distinct fluctuation over the whole tumor, and tympanites in both flanks and epigastrium. Uterus situated to the right and under the os pubis measures three and one-quarter inches. Cervix uteri is deeply lacerated. Greater resistance in the right iliac fossa.

Diagnosis: ovarian tumor, probably of the right ovary.

On September 18th removed 600,0 of dark-brown, thin, opake fluid, glittering with crystals of cholesterine. Tapping decreased the size of the tumor evenly and

made it flabby, so that the diagnosis of a monocyst was made. The microscope showed flat epithelium in all stages of fatty degeneration, crystals of cholesterine, Drysdale cells, pus corpuscles and blood corpuscles in various forms.

Admitted to the hospital on October 14th; she was operated upon on October 20th. All antiseptic precaution, excepting spray.

An incision four inches in length struck the linea alba. The tumor was tapped and the sack gradually drawn out. It was found to be attached by a very short and broad (4 inches) pedicle, originating in the right ovary. This was transfixed, doubly ligated and the tumor removed. The other ovary was healthy. "Toilet," drainage tube and seven silver wire sutures finished the operation. The wound was covered with iodoform, about 2,0, and Lister's gauze. The operation lasted one hour. About five hours after the operation, patient vomits about 50,0 of watery fluid.

At 8 P. M. her temperature is 102 and pulse 92; respiration 16. Skin is moist and patient is restless, for which an ice-bag to the head and one-eighth grain of morphia every two hours are ordered.

On the next morning there is a decrease in her temperature, but the patient is of ugly disposition, which is contrary to her nature. Dressing was changed, more iodoform sprinkled over the wound, and 15,0 of pure bright blood removed from the drainage tube. The abdominal cavity was carefully washed out with the same solution as was described in Case 1.

About noon the patient feels very weak, and her ugly disposition increases. At 5 P. M. she passes flatus.

On the third day her temperature, pulse and respiration

are quite normal. There was 30,0 of sero-sanguinolant fluid in the *cul-de-sac* of Douglas.

On the fourth day there was no change in the condition of the patient, except that her uneasy disposition still continued. In the evening, slight cystitis developed.

On the fifth day, A. M., pulse was 100, temperature 102⅖, and respiration 23. There was a bloody, bad-smelling discharge from the vagina, and carbolized douche was ordered every six hours, and the vulva covered with borated cotton.

At 6 P. M. pulse was 120, respiration 28, temperature 104⅕. Complains of great thirst, coughs considerably, uses angry words, strikes about with her fists. I expected the worst for the night. After studying the case, it suddenly occurred to me that the patient may be suffering from iodoform poisoning. The dressing was removed, all the iodoform washed off carefully and salicylic acid substituted. During the night the patient jumped from her bed several times, fighting with the nurse, although large doses of morphia were given, as were also large doses of milk and brandy.

On the sixth day, at 7 A. M., she was much quieter. Temperature, 101⅘; pulse, 112; respiration, 21. In the evening her condition was the same as in the morning. Patient is not aware of her conduct during the previous night.

On the seventh day, A. M., pulse and temperature are normal. The salicylic acid produced considerable redness about the skin, and is washed off. As a test, iodoform is again sprinkled over the wound, At this time the patient had regained her former cheerful disposition. In the evening she has a slight rise in the temperature—100⅖. The drainage tube is removed.

On the eighth day, at 11 A. M., her temperature is

101¼, pulse 84. Patient is getting restless, and in the evening her temperature is 102⅜, respiration 20, pulse 108. Cough is increasing, and there is an increase of blood from the vagina, the odor not being unpleasant.

On the ninth day her uneasiness increases, and temperature is 102½ in the morning. The iodoform is now removed, and gauze covers the wound only. Bowels moved and stitches removed at the usual time.

On the tenth day patient is again cheerful, and nothing further occurs. She was dismissed cured on the twenty-second day.

Case 6. Mrs. L. J., admitted June 29th, 1883; aged 40 years; married; mother of three children; was first menstruated at the age of 13 years, and usually regular; her mother died from some abdominal tumor; last pregnancy seventeen years ago. During the past five years, patient menstruated only with the most excruciating pains. She is anæmic, excessively nervous, and unable to be about; has stabbing pains in the abdomen, with tenderness on pressure; cannot retain her water longer than an hour, and passes it with pain. All these symptoms are greatly aggravated when she gets unwell.

Physical examination reveals a fluctuating abdominal tumor, reaching about one inch above the umbilicus. Upon deep inspirations, it allows the intestines to float over it for about three inches. Uterus is elevated, pushed to the right, and measures three inches. The tumor is adherent all over the pelvis. About 100,0 of thick, chocolate-colored fluid is removed by aspiration, which contains various degenerated forms of white and red corpuscles, and also well-defined Drysdale's cells. From the absence of other elements, the diagnosis of an ovarian tumor is made only hesitatingly. Patient is so much

better after tapping that she prefers to wait before she undergoes any further operation.

By November 18th, 1883, when she was readmitted, the tumor had increased to its former size, and was operated upon on November 24th, 1883. The plan of operation was to open the abdominal cavity, stitch the cyst wall to the abdominal walls, and allow the tumor to heal by drainage.

An incision of three inches showed the adhesions to be as large as was anticipated, extending over the whole pelvis and left side of the abdominal walls, the anterior surface of the tumor alone being free. The cyst wall was nearly three-eighths of an inch thick, so that a Spencer Wells trocar could not enter. The sack was then cut with a knife and the thick, grumous, bloody mass removed, care being taken to prevent its getting into the peritoneal cavity. About ten square inches of the cyst were drawn out, at the suggestion of Dr. Wm. Pierson, who kindly assisted, and the walls stitched to the abdominal walls. The amount of sack pulled out was cut off and the edge stitched to the skin. After the cavity had been thoroughly cleansed with a two-and-one-half per-cent. solution of carbolic acid, a rubber drainage tube was inserted and the wound covered with iodoform and gauze. The operation lasted one and one-half hour. The discharge from the cyst was immense for the next three days; her general condition, however, was good. Patient passed flatus after thirty-six hours; no fever.

On the fourth day patient feels very weak and desires solid food, but is nauseated. She is ordered 100,0 of expressed beef juice as an injection into the bowels, three times daily, which is continued for a week, and is born very well. Several of the stitches were cut on the sixth day. On the fourteenth day about 10,0 of tincture

iodine comp. is injected into the cyst, and soon thereafter thoroughly removed by carbolized water. The injections of iodine are repeated every twelfth day thereafter.

On December 14th the patient menstruates without pain for the first time in five years.

January 17th, 1884, the cyst having been apparently obliterated, the drainage tube is removed. An examination now reveals that the uterus is quite movable, but displaced to the right. No trace of a tumor, excepting more than ordinary resistance at the inlet of the pelvis. The patient is dismissed on February 10th, apparently cured.

February 12th. Patient menstruates painlessly, and the menses do not produce any discharge from the small fistulous opening. Her appetite is good, eating five meals daily. Her form has become rounded, her color natural and her disposition joyful.

March 14th. Patient menstruates and has severe pains in the abdomen—just such pains as she had before the operation. Abdomen is very tender, tympanitic; temperature, 102°; pulse, 120. With cessation of flow, the pains ceased. The patient was comfortable, and again able to perform her household duties.

On April 10th I was sent for again, and find the patient in the same condition as at the time of her last menstruation. Again, with the cessation of the flow the pains stopped. About ten days later, an examination per vaginam reveals considerable resistance in the left parametrium. By conjoined manipulation, indefinite outlines of a tumor can be made out. The small fistulous opening, which was still left, was now probed to the extent of about two and one-half inches. A larger probe followed the smaller one, and soon I was able to introduce a seatangle tent, which is left for six hours. A gush of thick,

bloody-colored fluid follows its removal—probably not more than 200,0 grm. A drainage tube is again introduced and the cavity syringed with a solution of mercuric chloride in water (1–1,000). On May 7th the patient menstruates painlessly. There is no more discharge from the cyst than there was for the past two weeks. Patient is about and able to attend her household duties.

Case 7. Mrs. Emma G., admitted December 7th, 1883; 30 years of age; native of the United States; married seven years; family history good; was first menstruated at 16 years, and very regular, lasting four days, and suffered from pain for four days previous to the flow. Had a child at full term five years ago, and one miscarriage three years ago at seven months. Duration of present illness, two years.

Two years ago patient had severe pains in the back and constant vomiting, lasting several months. She then noticed a tumor in the right side, which rapidly grew. One year ago she ceased menstruating, and then she increased still more rapidly. There proved to be ascites, and was first tapped by her physician in December, 1882; from thence she was tapped on six or seven occasions. Patient is certain, however, that twenty-two pails, or about 176 liter, of fluid were removed; and all this in course of a year.

On admittance, the abdomen was found equally distended in all directions, very fluctuating, and an uneven tumor only found upon deep pressure, which seemed to be in very close connections with the left inguinal region. The uterus was displaced upward and to the left. Some of the ascitic fluid was removed, and the outlines of the tumor made out distinctly. Some of the fluid from the tumor was also removed, and was found to be characteristic fluid of an ovarian cyst.

Diagnosis: multilocular ovarian tumor, probably of the left side, although the patient insisted that it originated in the right side.

Operation December 13th, 1883. All antiseptic precautions excepting spray.

Incision seven inches long in medium line. Ascitic fluid, thirty-three pounds, was drained off. The cyst was then punctured with a troicar; the fluid, however, was so thick that it would not flow through a three-quarter inch tube. The tumor was now grasped with vulsella and the septa between the cysts broken down, and the whole gradually extracted from the abdominal cavity. There were very extensive adhesions to the omentum, which were treated as in the previous cases. A very large adhesion to the left parietes extended from three inches above to one inch below the crest of the ilium. For an equal distance it extended anterior to spine of the ilium, and posteriorly to the middle of the crest. This adhesion was separated from behind forward, leaving a large piece of the peritoneal covering of the tumor, which was afterwards stitched over this large wound, like a flap over an amputated limb. Many vessels were ligated at this place. It was now found that the tumor originated by a very long pedicle from right side, and that the left ovary was healthy. The right Falopian tube was adherent to the tumor, even at its junction with the uterus. The whole pedicle was transfixed and doubly ligated. The tumor was now separated, the stump seared with Paquelin's cautery, and the whole dropped. The abdominal cavity was filled with colloid matter, and was only cleansed after pouring in a large quantity of two-and-one-half-per-cent. solution of carbolic acid and thoroughly sponging it out. The wound was closed up with ten silver wire sutures, and a drainage tube introduced in the *cul-de-sac*.

The wound was covered with iodoform. The tumor weighed twenty-two pounds, or fifty-five pounds in all. The operation lasted one and a half hours, and was very difficult.

During the last fifteen minutes the patient lost all pulse at the wrist; had cold hands and feet. Hot bottles were applied to the latter. 10,0 grm. of brandy, as were also ten drops of tincture of digitalis, injected hypodermically. Auto-transfusion, by raising the foot of the table about twelve inches. I had no doubt but that the patient was dying. She rallied, however, very soon, and at 6 P. M. her temperature was 100¼; had a good pulse at 128, and twenty respirations per minute.

On the next morning there was no fluid in the drainage tube, and patient had no fever. In twenty-four hours after the operation the patient passed flatus. The patient got well without a bad symptom.

The drainage tube was removed on the sixth, and the stitches on the ninth to eleventh day. She never had the slightest tympanites; and from this it occurred that the intestines did not come down to separate the anterior from the posterior abdominal wall, and the two were adherent for two months before the adhesion gave away. On January 8th, 1884, the patient was dismissed cured.

May 28th, 1884. She now menstruates regularly and painlessly.

As I close with the narration of the cases, a rapid survey might be interesting.

Out of these seven patients, two were between 20 and 30 years, one between 30 and 40 years, three between 40 and 50 years, and one over 50 years. All had been married women. Two had 1 child, two had 3 children, one had 5 children, one each had 6 and 14 children,

making altogether 35 children. The number of pregnancies were 39.

Three patients had ascites to a greater or less extent. All patients had been tapped, either for the purpose of relieving her, or for diagnosis. From this I never saw a bad symptom, if done under careful antiseptic precautions. Adhesions with the abdominal walls were found twice, once with the whole cavity of the pelvis, once with the intestines, and five times with the omentum. In two cases there were no adhesions. In one case the incision was 3 inches long, in two cases 4 inches, in one case 4½ inches, in one case 5 inches, and two cases 7 inches. All were multilocular but two.

In four cases the right ovary was affected, in one case the left, in one both, and one was uncertain. Six operations were complete and one incomplete. Six were entirely cured and one is under fair way of cure. I may also say that I have found Drysdale cells in all cases. I always relied upon the chemical test, not upon the appearance of the cells only. I have used a drainage tube in every case, but never one with side opening, which I have cause to believe to be irritating, and never regretted in doing so.

It was remarkable that a sudden and great amount of shock, as shown by a sudden decline in the heart's action, was produced at the moment the tumor was lifted out from the abdominal cavity, or when, from any reason, a great amount of traction was made upon the pedicle. This was carefully observed in all cases by Dr. J. C. Young, to whom I am much indebted for the expert manner in which he administered ether, as well as his well-directed efforts in sustaining the patients' strength during the operations. This observation seems to me to be of great moment, and was one reason why I discarded

the clamp, fearing that any great continued tractions upon the sympathetic nerves—for such must be the explanation, as would be the case if the patient had much tympanites—might seriously interfere with her recovery.

Thus I have reported to you a small number of cases, and all my cases in as short words as possible. The result is gratifying to me in the extreme, and well repays the hard labor and anxiety they have caused me.

REPORT OF STANDING COMMITTEE.

The reports received by the Standing Committee upon the medical history of the State for the past year were furnished promptly and are unexpectedly complete, when the fact is considered that some members of the District Societies are so thoughtless in the duty of forwarding their observations to the reporters who, for themselves, deserve much commendation. Seventeen of the twenty-one are, in consequence of their promptitude, eligible to membership in the Society. The Committee would earnestly renew the suggestion that each Society should appoint one of their number in each city or township to the service of reporting his own locality to the district reporter.

The year has been a notably healthy one. Endemic diseases and the special diseases of the seasons have been ordinarily of less severity than heretofore, while epidemics have been limited in number and restricted in intensity to a greater degree than in many former years. Little of moment has occurred that calls for the special attention of medical men. The Committee, therefore, have less of real interest to relate upon subjects which have been interesting themes of former annual reviews. Mumps and measles were the two most prevalent endemics, being mentioned as very general by every district reporter.

The death-rate has been diminished, in comparison with that of former years. Phthisis pulmonalis, it would

appear, has not added its usual large proportion to the number of deaths. This may be, in a measure, due to sanitary improvements through the State, and also a promising evidence of success to efforts scientifically directed towards the prevention of disease.

The meteorological conditions of the year have been noteworthy. The summer was cool throughout, with a singularly dry, bracing atmosphere. After a prolonged autumnal season, in every way delightful, the low temperature of the winter months was maintained with remarkable uniformity, although the storms were frequent and much snow fell in the eastern part of the State. There has been an absence of the usual high winds of spring. With these propitious conditions was allied an improved general state of health.

So far as the Committee have been apprised, seven of our professional associates have been removed by death.

B. Rush Bateman died at Cedarville on the 23d of July, 1883, in the 77th year of his age. Dr. Bateman was for seventeen years a Fellow of this Society. He was one of the most genial of men. By his kindness and gentleness of disposition he endeared himself to the community in which he resided and to his professional brethren. All of us who were present a few years ago when our Society met in this city, can well remember his speech of welcome—the hearty, whole-souled greeting with which you were urged to accept the good cheer of South Jersey. Every word came from the heart. It was ever his especial delight to meet with his professional associates. His death leaves a void in this Society and in the Cumberland Medical Society, in which, a short time before his death, he was elected an honorary member.

Paul S. Heritage, of Gloucester County, died at Mantua on the 2d of October, 1883, aged 33 years. James

Clark Fitch, of Warren County, died at Hope, March 22d, 1884, in the 92d year of his age. Lewis Mackey Osmun, of Warren County, died at his home in Phillipsburg, March 20th, 1884. John Alexander Somerville died on Thursday morning, April 3d, 1884, in Union Hill, Hudson County, aged 24. Joseph C. Weatherby died in Clarksboro, April 20th, 1884, aged 72 years. John M. Cuyler, U. S. A., died at Morristown. Dr. Cuyler was an honorary member of the Morris County Medical Society.

The Committee are pleased to acknowledge the reception of a report from every county in the State, and have additional pleasure in announcing that Cape May has completed the entire enrollment of counties by reorganizing their Society, and are present to-day, not only to give a right royal welcome to their beautiful city by the sea to the State Society, but also with a formal request for a renewal of fellowship with them. A report on the health of their county will be found in its appropriate place.

ATLANTIC COUNTY reports more than the usual amount of sickness from its eastern portion. A severe epidemic of dysentery visited Hammonton, New Germany and Elwood last summer. The onset of the disease was marked by a profuse discharge of blood, unaccompanied with pain, but followed by great prostration. When not promptly treated, stimulants and tonics seemed requisite to rally the patients. Dr. North saw an unusual number of cases of rheumatism and bronchitis during the winter, and at present is in the midst of a mild epidemic of measles. Atlantic City appears to have been especially healthful; Dr. Boardman Reed says, "more so than in any previous year within his experience." German measles were prevalent during the

autumn and early winter. It was due to this fact, together with the rare occurrence of a genuine case, that sensational reports were sent abroad of a scarlatinal epidemic in the city. Follicular tonsillitis of a mild type was frequently observed, while not a single case of diphtheria has occurred among residents. The effect of the bracing atmosphere at the seashore upon the large number of children suffering with cholera infantum or entero colitis seems remarkable. Indeed, the reporter states that if the little patients have sufficient strength to hold out for a few hours after their arrival, they recover almost without exception. Seventeen deaths were recorded as resulting from these diseases—certainly a small number when so many are brought to the seaside as a last resort. Typhoid and remittent fevers were not known to occur in the practice of any physician. Visitors from malarial regions brought in a few cases of intermittent fever, which were uniformly easily subdued. Residents are notably free from lung affections. Only thirteen of the 191 deaths during the year are charged to acute affections of the air passages as the cause, and only twelve to phthisis. Temporary illness was frequently observed among adults during the summer months, due to imprudence in diet and mode of life. For the information of physicians who may wish to know of the climatology of Atlantic City, through the courtesy of Sergeant Blunden, of the U. S. Signal Corps, a table has been appended to this report, showing the range of the thermometer, barometer and mean humidity for the year.

In BERGEN COUNTY there has been less than the usual amount of sickness. Periodical fevers have always been prevalent during summer and autumn in this county. Within the last few years it has been observed that they

have been gradually decreasing in amount and in obstinacy, while fevers of a typhoid or typho-malarial character are taking their place. Bowel troubles prevailed to a less extent than usual. They were of a very mild type, and were readily subdued. Scarlet fever was occasionally met with from January to August, also diphtheria; but both were much milder than in the previous year. A singular characteristic of a mild epidemic of measles in the neighborhood of Tenafly was a persistent eczematous eruption behind the ears and about the roots of the hair over the temporal region, remaining for some months after recovery. Influenza and follicular sore throat were of frequent occurrence from July to the present time. The latter was conspicuous by its contagious character among families. Bronchitis was the most noticeable lung trouble during the winter. Pneumonia was occasionally met with, while inflammatory rheumatism was frequent in an obstinate form. Wrapping the inflamed joints in cotton and oiled silk was preferable to bathing them with the customary liniments. Typho-malarial fever continued to an alarming extent at Englewood from September to the first of the year. A large number ran a course of over twenty-four days; one, a straight course of forty-six days, with a moving temperature. Diarrhœa and hemorrhage were absent in all of the cases. This epidemic is stated to have originated from the use of impure water with defective plumbing, during the season in which malaria is most predominant. Acute arteritis occurred in several of the more prolonged cases. It was more apt to seize upon those who undertook to walk too soon after convalescence—before the lower limbs were sufficiently strong to bear the weight of the body. The arteries most frequently affected were the femoral, the popliteal and the tibial. In one case the femoral artery appeared

to be entirely obliterated. Pain was severe along the course of the vessel, together with a cord-like feeling under the finger.

In BURLINGTON COUNTY the fevers were of the intermittent or continued forms. Typical typhoid fever was rarely observed. The special eruption, diarrhœa and temperature were generally absent. It is a singular observation of the reporter that persons exposed to severe and drenching rainstorms were rendered particularly liable to attacks of intermittent fever; and also that the first stage of the fever was often omitted. Scarlet fever has evidently not been common. Dr. Pugh thinks the idiosyncrasy of the individual determines the malignancy of this fever, rather than the materium morbi. A few cases were met with in Beverly, supposed to have been occasioned by sewer gas. Mumps appeared epidemically throughout the district. Measles and whooping-cough occurred frequently in many of the towns. Diarrhœa, cholera morbus and cholera infantum were the principal diseases of July and August. Cholera morbus required immediate attention or the patient would recover without the physician's aid. Improper food was the provocative cause of digestive troubles with the children. A few of first cases of cholera infantum proved speedily fatal. Diphtheria was met with in a few instances in Moorestown during October and November. In Mount Holly it was more severe, displaying a malignant character. Its origin was attributed to defective drainage.

Illustrative of the difficulty in recognizing diphtheritic croup, as well as its fatality, the reporter makes mention of a little patient which, though ill for two or three days before with a suffocative cough, did not exhibit the diphtheritic exudation until the day of death. Where the

exudation began is a query. Its extension into the pharynx and bronchi was wonderfully rapid.

One case of confluent variola occurred in September in an adult who had been vaccinated twenty-five years before. Many of the pustules evinced malignancy in the disease. It did not spread beyond several vaccinated members of his family, in whom it manifested itself in a mild form. Great difficulty was met by the reporter in effecting vaccinia among children.

In the report from CAMDEN COUNTY, the medical history of the year is very complete. The summer was one of decided health. There were few cases of diarrhœa and cholera infantum in the City of Camden. Dr. Godfrey believes that the term cholera infantum is often used too comprehensively, and is a misnomer in the absence of a copious watery flux, attended with vomiting and emaciation. Through the county the usual summer complaints were found, though none in a severe form, and all promptly yielded to treatment. Malaria has been ever present, exhibiting itself in protean forms, everywhere modifying existing diseases and always requiring that peculiar specific, quinine, for its control. In Camden it assumed the phenomenal form of jaundice, and prevailed thus epidemically. Plain intermittents and remittents have occurred in each month in the year, though not to one-half the extent they have in several previous years. Whooping-cough was the only other ailment that approached the character of an epidemic. Scarlet fever and diphtheria were frequently met with, but no mortality accompanied them. The former, however, was more severe in Gloucester City, in which locality typho-malarial and intermittent fevers prevailed epidemically. Typhoid fever, so general in former years, has been much less fre-

quent, and when met with it has been in a mild form with few complications. Measles, bronchitis, pneumonia, tonsillitis and rheumatism were customary during the winter. From Haddonfield, Dr. Jennings reports the usual amount of those affections which always obtain pre-eminence there through malarial influences. None have appeared in an epidemic form, and there has been no typhoid fever. He states that quinine cures everything. In Blackwoodtown there has been a freedom from epidemic influences, with the single exception of measles, since the first of the year, with a mortality-rate lower than for several years. From May to October, of some isolated cases of scarlet fever, one malignant case ended fatally. During the last two of these months an occasional case of diphtheria occurred, with no deaths. There was the ordinary trouble with the air passages in the winter. Several instances of pneumonia in the month of September was a rare observation in Dr. Branin's practice. Two cases of typhus fever were taken to the alms-house at Blackwoodtown; both recovered. An extension of the disease was prevented by rigid isolation. Dysentery of a grave form was prevalent in the town of Winslow during the summer. This disease has prevailed in that vicinity on several previous occasions, and is undoubtedly due to a want of care in sanitary matters. Not a single case of pneumonia presented itself to the profession in the neighborhoods of Waterford and Winslow, while, during the continuously cloudy and damp weather of winter and spring, rheumatism, pharyngitis, laryngitis, tracheitis and bronchitis were abundant. Scarcely a family escaped one or more of these complaints. Bronchitis was at times very stubborn. Of the 955 patients treated at the Camden City Dispensary, fully two-thirds were reported due to malarial influences and ordinary colds.

In CAPE MAY COUNTY the death-rate has been lower than that of any other county. The people seem peculiarly favored in the small amount of sickness found among them and in accompanying scanty mortality. There has been a general immunity from epidemics of every kind, with the exception of a moderately severe one of scarlet fever during the winter and spring of 1883 in Tuckahoe, which continued into the month of May. Many of those attacked with the fever were left with troublesome sequelæ. It broke out again last fall and early winter in a milder form. About the same time a few sporadic cases were met with along the bay shore, with no deaths. A few scattered cases of diphtheria, chicken-pox, whooping-cough and mumps occasionally appeared. Intermittent and remittent fevers have been fewer than for many years. Typhoid fever has been rare. In the summer there was an unwonted deficiency in bowel affections, both in children and in adults. Catarrhal pneumonia, acute bronchitis and the customary influenza were the effects of the protracted raw, damp weather consequent upon the breaking up of winter. The year has been exceptional in the general health of the county.

In CUMBERLAND COUNTY the reporter expresses special gratification at the steady decline, during the last five years, in the number of fatal cases of consumption. In 1879 the number was 160, which has decreased at a rather steady rate to 90 for the past year. Those who may read the report will observe the reasons he assigns for this decidedly pleasing change. The entire amount of sickness was much less than in former years; the number of deaths 14.59 per thousand, to 20.94 per thousand of last year. Measles were the only noticeable endemic. The summer complaints of children were much less severe

than is usual, the mortality being twenty-five per cent. less. Catarrhal affections were those chiefly observed during the winter, while the entire county has been strikingly free from diseases of any serious import. Strong objections are offered against classing croup and diphtheria together under one head by the compilers of our mortuary statistics. Dr. Ingram thinks the habit cannot be made a correct one by any amount of authority or of persistency in the practice. Accurate weather statistics accompany this report.

The health of ESSEX COUNTY has been remarkably good. Far less sickness than usual is reported from all sections of the county, so that the busiest physicians have now uncommon leisure. Typhoid fever, which has been inclined to increase for a number of years before, was of rare occurrence. There were no epidemics of the eruptive fevers except in the northern portion of Montclair; measles ran mildly through the families whose children attended the district school and in the town of Fairfield, into which they were imported in February from Paterson, and were quite general. Diarrhœal and malarial diseases have not maintained the prominence which they have heretofore held, malaria being unmentioned except in the northern part of Bloomfield, through which the Morris canal runs. There was much whooping-cough, follicular tonsillitis and catarrhal pneumonia; but the characteristic feature of all these diseases was their comparative mildness. Rheumatism and the affections originating therefrom were seldom of the acute grade, yet required pretty full doses of the salicylates in their treatment. Iodoform has been for some time the pre-eminent dressing for wounds in the hospitals. It is now being superseded by the more fashionable bi-chloride solution.

In the treatment of diphtheria this solution acts nicely as a spray for the throat.

In Orange and Newark, diphtheria occurred during the winter, of marked malignancy, originating from some local causes. Tracheotomy was often done on the extension of the membrane into the larynx and trachea, and was uniformly unsatisfactory beyond affording temporary relief except one case, in which the tube has been inserted for one week, and the little two-year-old patient is almost well. When the true diphtheritic membrane covers the tonsils and pharynx and extends down into the larynx, Dr. McDermott regards the case as one of diphtheritic croup. Should the child die from mechanical obstruction, with no false membrane appearing in the throat, it is croupous laryngitis or true membraneous croup. He believes them to be two entirely distinct diseases. Some interesting statements are made in the report by Dr. Love, in reference to the treatment of puerperal fever. As a result of his experience, whenever a case presents itself now he immediately begins the use of salicylic acid, and invariably with good results. He continues the medicine for several days after all signs of the fever have abated.

Two trials of rectal anesthesia have been made in the hospitals in Orange and Newark—one in the case of an adult for amputation of the finger in traumatic gangrene, the other in osteotomy of tibia, in a child three years of age. In consideration of these and other reported cases, we may summarize the advantages and disadvantages of this mode of administration of an anæsthetic in the reporter's own words, as follows:

" Advantages—

(1) No disagreeable sense of suffocation.

(2) No subsequent nausea.
(3) Operations on the face unimpeded.

The disadvantages are—

(1) The danger of giving an overdose. Large quantities of the gas may be retained in and absorbed by the intestines after the withdrawal of the rectal tube.
(2) The prolonged subsequent prostration.
(3) The frequent occurrence of severe intestinal irritation.

It is perhaps too soon to say that these objections are insuperable; but, unless some way to obviate them is speedily devised, the era of rectal anæsthesia will be short."

GLOUCESTER COUNTY reports the general health somewhat better than for the two preceding years. No malignant epidemics have appeared anywhere. The usual acute diseases were quite governable. There were many deaths among the aged. Mumps, measles, tonsillitis and scarlet fever were occasionally observed in several localities, more particularly in Bridgeport. This spring there was an extensive epidemic of ulcerated sorethroat, affecting the entire county. In some instances the febrile symptoms appeared quite prominent. Abscess of the throat was the only sequela, and this one very rare. All fully recovered after an average duration of one week. Cholera infantum, when seen in this district, is usually contracted elsewhere. Dr. Buckingham mentions several instances of an exceptional fever in Clayton very like scarlatina, still differing from it in some inexplicable way, as the patients contracted scarlet fever afterward. Malaria was present in every season through the year. It was

particularly annoying as a complication, insinuating itself into all conditions and showing its hydra head in every conceivable form. It is as a complication with another disease that it is most difficult of management.

In HUDSON COUNTY the past year has been remarkable for the general healthfulness of the people. The death-rate is found to be much below that of former years. The distinctive diseases of last summer were greatly ameliorated by the charming weather. A change in the source of the water supply for Hoboken tended also to promote greatly the health of that city. It is now obtained from the Hackensack; formerly it came from the Passaic river. In commenting upon the comparative death-rate of Hudson with other counties, the reporter notes an element which very much increases it in Hudson, and that is not equally applicable to any of the others. He refers to accidents of such a nature as may occasion death at once or in a short time. Those connected with the great railroads of the State, all of which terminate here, with their hosts of tracks, switches and bulkheads; also the immense shipping interests extending for miles, furnish numerous accidents.

HUNTERDON COUNTY has experienced mild epidemics in nearly every section. Periodical fevers have been less in number than for several years past, while there has been more than the average number of cases of phthisis. Influenza appeared as early as January, and continued through to April. In Perryville it was particularly obstinate. A severe form of scarlet fever began in Muscanetcong valley about the first of March. Measles, whooping-cough and mumps were prevalent. In Lambertville there was an unusual number of cases of jaundice among

children. Pneumonia and rheumatism were met with in some places, but not of unusual severity. In Flemington and Perryville, bronchitis was frequently observed. In the latter place it assumed a typhoid type. Of typhoid fever, only a few cases have been seen. Cancer was uncommonly frequent in Dr. Little's practice in Bloomsbury. The Doctor queries whether it occurs as extensively outside of the Muscanetcong valley. Neuralgias have been more common than fevers—most probably another phase of the malarial poison. The reporter states, moreover, that diseases of the nervous system have been numerous. He believes that these affections are on the increase.

MERCER COUNTY has been more than usually healthy for the past year. Measles prevailed epidemically in South Trenton and Chambersburg during the latter part of winter and early spring. Some of the cases were complicated with catarrhal bronchitis and a few with pneumonia. Diphtheria and scarlet fever were current in the form of sporadic cases pretty much the entire year, though no epidemic has prevailed. Many of the cases were unusually severe, and fatal in not a few instances. Periodical fevers have been less prevalent until within the past few weeks. The cases which have occurred recently have shown, in many instances, marked tendency to cerebral congestion and other manifestations of a severe type. Diseases of the air passages of the customary amount were encountered during the fall and winter months, though the mortality was perhaps below the average. The ordinary intestinal troubles of summer were neither unusually frequent or severe. Dysentery prevailed more extensively than for many years in Trenton among adults. The severity of the latter disease was noticeable, and

many instances proved fatal by reason of hemorrhage or other complications. Mumps were general through the city. Orchitis complicated a large number of the cases. In some the orchitis appeared first, and the enlargement of the parotid was not observed until a few days later. An annual return of diphtheria is reported in Hopewell. In the early part of 1883 it was quite severe and fatal. The extraordinary amount of snow and rainfall hastened its entire disappearance at the beginning of this year.

The meetings of the District Society are represented as growing in interest and in the attendance of the membership since the discussions upon ethical subjects have given place to the more profitable discussions upon medical subjects and of interesting cases reported.

MIDDLESEX COUNTY.—The condition of health in this county has been good. The epidemics have been mild in character, except one of diphtheria in New Brunswick in November and December. A large number of deaths resulted therefrom, the greater portion of which were in consequence of laryngeal complications. The disease continues to the present time in a much subdued form. In Washington, South River, Sayresville and Dayton, measles were prevalent. Pneumonia and pleurisy were common in the winter. Cholera morbus and dysentery in the summer were met with in less than their usual frequency.

There have been many sporadic cases of cerebro-spinal meningitis during the past two years in South Brunswick. Adults and children were equally affected. The disease displayed itself at times as an idiopathic malady, and again as a complication of some other disease. It was such in a considerable number of cases of mumps—more often even than orchitis—and required large doses of the

bromides. The reporter believes it is caused by a specific kind of malaria, over which the bromides exert a control. He also thinks the malarial poison producing remittent fever is of a different kind from that producing intermittent fever, and gives his reasons at length. One of the peculiar features of cerebro-spinal meningitis is the inflammation of the bowels or of the lungs, or acute gastritis with vomiting. "These diseases were more apparent than real, as a large percentage of the cases were entirely relieved by the bromides and quinia."

Intermittents appeared casually in Woodbridge, Perth Amboy and South Amboy. In New Brunswick they were more often observed on the outskirts of the city, and in low, moist localities.

A disease called the winter cholera prevails at the present time upon Little Rocky Hill. Its attack is sudden, and it spreads rapidly through the families which it assails. The disease has existed there before in the spring of the year, and is due to some peculiarity of the water supply, which is largely surface water in the wells.

MONMOUTH COUNTY has been free from epidemics. There has been little out of the ordinary course of sickness in any portion. No contagious disease has prevailed, except measles, in the vicinity of Port Monmouth and Keyport. At Freehold there were a few cases; the first seen in that town for twelve years. Dr. Welch mentions a curious instance, illustrating the very dangerous character of measles when immediately following a pre-existing disease. A little girl, two years of age, who passed successfully through virulent attacks of scarlet fever and diphtheria in February and March of last year, only to die on the third day of an attack of measles in the June following. Diseases of the respiratory organs were less

severe and more amenable to treatment. Bronchitis was observed chiefly as a complication of measles. Intestinal complaints were few. Dr. Thompson states: "In Ocean Beach, since the 1st of May, 1878, from among a summer population of 5,000 and a winter population of 400, there have been only three deaths of children, and only twenty-five deaths in all." He reports, also, that skin diseases were more prevalent than usual, and that since March 1st a number of cases of acute rheumatism occurred, which yielded promptly to oil of gaultheria and alkalies. Typhoid fever was common in different parts of the county during the autumn.

MORRIS COUNTY.—Reports from Morristown, Mendham, Middle Valley, Baskingridge, Dover, Succasunna and Bloomingdale, prove the year to have been a singularly healthy one. Pneumonia was reported one year ago as a severe epidemic at Madison and Morristown. Since that time it has scarcely been observed, while at Baskingridge and Mendham it was quite prevalent. In these towns, scarlet fever and diphtheria were met with to a limited extent. In Morristown and Middle Valley they appeared so mild and irregular in form as to make the diagnosis of the larger number of them uncertain. Measles and whooping-cough were epidemic in Bloomingdale. Dr. Farrow notes a large number of intermittent neuralgias.

In OCEAN COUNTY there were only a few sporadic cases of the more serious diseases. Of typhoid fever there was less than for the three previous years. Scarlet fever and whooping-cough were uncommon. A mild epidemic of diphtheria occurred at Cedar Run. Mumps were epidemic in some sections, and measles were everywhere

prevalent, mostly of a mild type. Pneumonia and bronchitis were quite frequent. Several of the cases of pneumonia were severe. There were a great many deaths during the year from phthisis. Two cases of tetanus are reported; both proved fatal.

In PASSAIC COUNTY our reports are based chiefly upon communications received from the City of Paterson, which was visited by a less amount than usual of the various forms of malarial fever. Of the intermittent forms, the tertian was probably the most common. The tendency for neuralgia and inflammatory affections to complicate with malaria was less noticeable, although the disposition to intermit is present at times. Many of the remittents were distinguished by very high temperatures. Affections of the respiratory organs occurred with more than the usual frequency. In December and January there were many severe cases of pneumonia, which often proved fatal. Bronchitis was also common through the winter. These two diseases were often complications in an epidemic of measles, from which fifteen deaths were reported. Typhoid fever occurred throughout the year, but there was probably less of this fever than in either of the two years just preceding. The public wells in the city, upon which so many rely for drinking water, are believed to be the cause of many cases of continued fever.

The various intestinal diseases were much less prevalent during the past summer than formerly. Dysentery was observed occasionally by several physicians in the winter and spring. The reporter met with two genuine cases of dysentery in January, which resisted with remarkable obstinacy the treatment employed. It is thought there were fewer cases of diphtheria than usual; 113 were reported to the Board of Health, with 36 deaths

distributed through each month of the year. Scarlet fever was met with in various parts of the city in a mild form; 506 cases were reported, with 69 deaths.

SALEM COUNTY has not suffered from any epidemic of severe form. There was an unusual freedom from disease. Those that did occur were simply such as attend the seasons, this spring being in decidedly favorable contrast with the last. There was a general decline of periodical fevers through the county. Articular rheumatism was quite prevalent, a good many children being among the number affected. Diarrhœal diseases were not observed to the extent usual in this district, and the mortality was not so great as during the previous year. This the reporter thinks the more remarkable, as the increased use of the water furnished by the new water-works might be justly expected, by its seeming impurity, to increase bowel troubles. This water is obtained from a pond with a mud bottom, yet, with its frequent use for all purposes last summer, no sickness was ascribed to it as a source. A considerable number of cases of mumps and measles were met with in every section. Diphtheria and scarlet fever were rare.

SOMERSET COUNTY has been free from disease in severe form or of an epidemic nature.

In SUSSEX COUNTY the year has been one of extraordinary healthfulness. There were no epidemics. Dr. Allen, of Lafayette, states that he has never known so healthy a season in forty years. There was a decided absence of intensity in the sickness that did occur. The usual malarial diseases were of less amount than in the two preceding years. Even in Andover, a neighborhood

nearly always laden with malaria, there was much less than the average sickness. In the autumn a few cases of cerebro-spinal meningitis were encountered, following a mild form of remittent fever. A peculiarity of this malady was a permanent contraction of the muscles of the right side of the body, the head being drawn and fixed at an angle with the spinal column. This position was maintained in the fatal cases, paralysis and death rapidly following.

The short report from UNION COUNTY informs us that there has been a general immunity the past year from any decided epidemic influences.

WARREN COUNTY has been exempt from any distinctively prevalent disease, and there is little that calls for special notice. Dr. Hulshizer mentions a few cases of scarlet fever which occurred in two families in an isolated locality, whose members had not visited each other for some time or been absent from home. He believes them clear cases of spontaneous contraction. We have only to notice, farther, acute inflammatory rheumatism in Phillipsburg and its vicinity. Several deaths resulted from involvement of the heart.

In review of the reports, we may sum up the medical history of the year as follows:

1st. A diminished amount of disease throughout the State.

2d. Epidemics have not prevailed to any great extent, and were of diminished intensity.

3d. Diseases of the respiratory organs, though common, were observed in less severe forms, and were more than usually amenable to treatment.

4th. An extraordinary freedom from diseases of the intestinal canal.

5th. Less scarlatina, diphtheria and other contagious diseases except measles, which were unusually prevalent.

6th. Fevers, which always call for a large share of professional attention, have nowhere shown a marked fatal tendency.

TREATMENT OF DISEASE.

We note some of the observations in the reports upon the therapeutics of disease.

There is a growing disposition to give quinia in very large doses. Dr. Hulshizer says sure success lies only in heroic doses. Of all the ways in which quinine may be taken, the Doctor, from experience, recommends the powder as the easiest, taken in any sour juice—as cherry juice—and drank with water.

Dr. Way, of Seaville, has been uniformly successful in the treatment of rheumatism with the salicylate of soda. Dr. Griffith, of Phillipsburg, is inclined to think the salicylates are contraindicated in a second attack of acute rheumatism. Dr. Simpson prescribes with much satisfaction in a number of cases of inflammatory rheumatism, aconite and bryonia in small doses, together with the wine of colchicum and carbonate of ammonia. Several physicians have derived great benefit from the frequent and thorough local use of lime water through the atomizer in diphtheria, in conjunction with, of course, the appropriate medicinal treatment. Dr. Oliphant, by this means, succeeded in expelling the false membrane from the larynx in true croup. Dr. Turnure placed his patient with croup under a tent in a room brought to the temperature of 80° by steam from boiling water and slacking lime. The child was kept in this atmosphere of steam

for ten days, and finally made a good recovery. The yellow sulphate of mercury was used as an emetic when the membrane seemed to encroach upon the calibre of the larynx. Genuine diphtheria Dr. Currie controlled best by means of a dilute solution of chloride of sodium up the nares, and large doses of tincture of iron—ten to forty drops every half hour or hour, according to age. Of all the therapeutic resources that have been drawn upon in the treatment of diphtheria, if he were compelled to choose one, Dr. Thornton would select alcohol. He has tried whiskey and milk without other medicine, locally or generally, and believes it efficient.

In a severe case of congestive chill, Dr. Morris, proceeded at once to open a vein. A flow of blood was at first obtained with difficulty. After drawing off five ounces it came more freely, and after taking twelve ounces reaction set in, terminating in a speedy and good recovery, with the moderate use of quinine. The reporter of Bergen County adopted a plan of treatment in pneumonia that has given him better results than any other he has ever tried. He had, during the year, more than the average number of cases on his hands. In all of them he used aconite in small and frequently-repeated doses during the first stage, with hot fomentations and anodynes, if needed for pain, and small doses of phosphorus in the second stage.

An intelligent observer in Monmouth County has often seen the happiest effect from large doses of digitalis in typhoid fever, small doses being perfectly futile, while large doses, to the extent of a teaspoonful of the tincture, have calmed delirium and induced refreshing slumber. It reduced the pulse and, to some extent, the temperature. He has never met with the cumulative effect spoken of by writers, though his use of it in fevers, cardiac diseases,

and in two cases of delirium tremens where doses of one-half ounce were used, gave him abundant opportunity to study the action of the drug.

INTERESTING CASES.

Dr. Downs reports a case of encephaloid disease of the omentum, as it proved to be at the autopsy. Various opinions had been given by different physicians during his long illness of six years. Severe symptoms in the region of the heart at one time seemed to establish the opinion that some organic affection of that organ was the cause; at another time, marked symptoms of indigestion pointed towards the stomach as the seat of the trouble; again, for a short period, acute mania confused the diagnosis and directed the attention naturally to the brain as the probable seat. After death the omentum was found enormously thickened. The vital organs were found normal.

Dr. Miller reports a case of senile gangrene, occurring in a man eighty years of age. On his first visit he found his patient in feeble health and suffering with acute pain in the left foot; the skin of the toes black, cold and insensible, the ankle and instep swollen, and the surrounding tissues infiltrated. In time, all the toes dropped off except the small one, followed by healthy granulations. All the stumps healed kindly. The foot is now perfectly well, the health and strength good, and the old man, after fifteen months of illness, is able to walk a mile or two without fatigue.

It is undoubtedly true that scarlet fever may occur more than once in the same individual, but the same physician very rarely attends the second time upon the same patient. Dr. Phillips attended a genuine case of scarlet fever of the anginose type this winter. The

Doctor treated her in an attack of the same kind when eight years of age. Both attacks were so well defined as to be unmistakable.

An anomalous case of abscesses is reported by Dr. Carll. Two were located in the region along the line or between the folds of the colon, the third and last one between the diaphragm and the upper surface of the liver. The first two discharged themselves through the colon, and were each followed by three or four weeks of a typhoid stage. The last one found an exit through the right lung, the discharge continuing thus for six or seven weeks, followed by convalescence.

Dr. Barker reports a case of pneumonia accompanied by great cardiac depression. During the first week the temperature was 101½ to 103½ in the axilla; in the mouth it was 97½. After convalescence the buccal temperature gradually rallied to the point of that in the axilla.

A hydrocele was radically cured by Dr. Condict, after the method of Prof. Levis. Upon evacuating the fluid the sac was injected with a drachm of liquified carbolic acid. The patient attended to his ordinary labor the next day.

The following papers have been received with the reports:

A paper on "A New Mode of Malarial Poisoning," by Dr. Stickler, of Orange.

A paper on "The Artificial Alimentation of Infants," by Dr. Turnure, of Bergen County.

Report of an epidemic of scarlet fever and ulcerated sore throat at Bridgeport, Gloucester County, by Dr. Oliphant.

A paper on "Homœopathic Remedies," by Dr. John R. Stephenson, of Camden County.

A paper on "Blood-letting," by Dr. Frederic Morris,

of Bergen County. A lost art which, for the good of the patient, it might be well at times to regain.

A case of annular disease of the ear—a sequel of mumps, remarkable for the insidiousness of the attack and its gravity, by Dr. Chambers, of East Orange.

A case of chorea by Dr. Clark, of St. Barnabas' Hospital.

A case of ovulation without menstruation, by Dr. Shannon, of Hunterdon County.

An acute case of Bright's disease, by Dr. Thompson.

Brief histories of several interesting cases, by Dr. Welch, of Keyport.

A case of diaphragmatic pleurisy, resulting in pyothorax and finally recovered, by Dr. McCray, of Camden.

Dr. Marcy, of Riverton, sends a history of an extraordinary case illustrating that singular pathological condition—muscular hypertrophy of the stomach.

ITEMS OF MEDICAL INTEREST.

Under this heading we would notice the publication within the State of a new journal that is evidently destined to become permanent—the *Archives of Pediatrics*. It is the only journal devoted to the diseases of early childhood, and is worthy the attention of the profession. It is ably edited by Dr. Wm. P. Watson, of Jersey City.

Clinical and practical instruction in the diagnosis and treatment of diseases of the eye and ear were given to a considerable number of medical practitioners and students through the year at the Newark Eye and Ear Infirmary, by one of our esteemed Vice-Presidents, Dr. Charles J. Kipp. The opportunities afforded at the Infirmary for the study of these special branches is not surpassed anywhere.

We would also state that Dr. Kipp has been appointed

one of the editors of the *Archives of Otology*, a quarterly journal published in English and German.

The Society for the Relief of Widows and Orphans of Medical Men of New Jersey is flourishing. It is established on a firm basis, and deserves to have a larger membership than it has yet attained.

The Burlington County Hospital, at Mount Holly, has been in successful operation over four years. It is conducted on the cottage plan.

The Hospital for Women and Children, which was opened a year ago in connection with the Home for the Friendless, in Newark, has been discontinued.

It will be observed, from what is said in the report from Essex County concerning the Newark City Home, located at Verona, and in which are domiciled about 180 children, how essential is a pure water supply for the health of public institutions.

A new hospital was opened in Newark last year. It is owned by the city, and is known as the City Hospital. It is under the management of a board of directors appointed by the mayor, and can accommodate about sixty patients.

The Hospital of St. Barnabas, at Newark, is to be greatly enlarged. The corner-stone of the new building was laid a few days ago.

T. J. SMITH,
E. J. MARSH,
S. S. CLARK,
Standing Committee.

APPENDIX

TO

REPORT OF STANDING COMMITTEE.

In Memoriam.

B. RUSH BATEMAN, M. D.,

Born March 7, 1807.

Died July 23, 1883.

JOHN A. ROGERS, M. D.,

Born January 7, 1852.

Died December 30, 1883.

LEWIS MACKEY OSMUN, M. D.,

Born November 2, 1835.

Died March 20, 1884.

JAMES CLARK FITCH, M. D.,

Born November 7, 1792.

Died March 22, 1884.

In Memoriam.

JOHN ALEXANDER SOMERVILLE, M. D.,

Born [illegible]

Died [illegible]

JOSEPH C. WEATHERBY, M. D.,

Born [illegible]

Died [illegible]

[illegible]

Born [illegible]

Died [illegible]

OBITUARIES.

B. RUSH BATEMAN, M. D.

BY E. R. BATEMAN, M. D., OF CEDARVILLE, N. J.

Dr. B. Rush Bateman died at his residence in Cedarville, Cumberland County, New Jersey, July 23d, 1883, in the 77th year of his age.

He was born March 7th, 1807, and was the son of Dr. Ephraim Bateman, who resided at Cedarville and practiced extensively throughout the townships of Fairfield and Downs from 1803 to 1813, and subsequently served for twelve years in the New Jersey Legislature and United States House of Representatives and Senate. He was also a cousin of Newton Bateman, LL. D., whose phenomenal labors in the cause of education and public instruction have given him widespread celebrity.

He entered upon the study of medicine in his father's office, and was graduated M. D. at the Jefferson Medical College in 1829. Among his classmates was the late Prof. S. D. Gross. After receiving his degree he became a practitioner in his native village, where for more than half a century he continued in a most extensive and beneficent practice of his profession. His diploma, recorded in the Clerk's Office of Cumberland County, bears an earlier date than any other registered under the recently-enacted State law.

Dr. Bateman was twice married. His first wife was Sarah A. Ogden; his last wife, Ruth H. Mulford. By the former he had four children—two sons and two daughters. Upon both sons the ancestral mantle fell, and they followed in the profession of their fathers. The one, Dr. Ephraim Bateman, is still in active practice at Cedarville; the other, Dr. Robert M. Bateman (the father of the writer), practised for nearly seventeen years in Cedarville, when he removed to Bridgeton, N. J., where he died June 4th, 1878.

[illegible]

was formed in the village, in which he took an active part, was appointed an officer, and was the second one to sign the pledge.

As a public man and citizen, he was respected and honored. Prior to and during the time of his medical studies, he held the position of postmaster in his native village. He was twice elected to the State Legislature. He held many positions of honor and trust in his township and county, and for a number of years, until a short time before his death, was the Secretary and Treasurer of the Bridgeton and Port Morris Railroad (now known as the Cumberland and Maurice River Railroad).

Thus, full of years and good works, went he down to his grave, followed by a large concourse of relatives and friends who mourn his loss.

JOHN A. ROGERS, M. D.

BY DR. E. J. MARSH.

Dr. John A. Rogers was born in Paterson, N. J., on January 7th, 1852, and died, after a short illness, on December 30th, 1883, in his native city.

He was the son of Dr. Alexander W. Rogers, an ex-President of this Society. His early school education was obtained in Paterson. In 1869 he entered the University of the City of New York, and received the degree of Bachelor of Science from that institution in 1872. He then commenced the study of medicine under his father's instruction, and attended lectures, and graduated at the College of Physicians and Surgeons in New York, in 1875. He entered at once upon professional work, assisting his father and obtaining a very considerable amount of practice of his own. In the autumn of 1880 he went to Europe and spent a year in the further study of his profession, attending the hospitals of London, and the pathological demonstrations of Virchow in Berlin. In the summer of 1881 he was joined by his father, and together they were present at the meeting of the International Medical Congress, held in London. On his return home he resumed practice, and continued at work until his final illness.

For five years he was Secretary of the County Medical Society, for several years physician to the Orphan Asylum, and for four years one of the assistant physicians of St. Joseph's Hospital, where, owing to the absence of Dr. Moss, he performed all the duties of an attending physician. All these positions of professional honor and responsibility he held up to the time of his death.

Dr. Rogers, though still a young man, had obtained an enviable position in the esteem of the local profession and of the community. His medical learning and skill, accurate observation, professional spirit, and his clear and well-balanced mind, had gained him the respect of his fellow-physicians; while his courteous, affable manners, unvaried good temper, kind and unselfish heart, won their affection. His numerous patients appreciated his devotion, sympathy and readiness to respond to their wants; his large circle of social acquaintances found in him intelligent conversation, pleasant and unobtrusive manners, filial devotion and purity of character. To the writer he was all this, and more than can be here described. Esteem for an honorable physician and admiration for his personal character were united to an affection as for a younger brother.

The funeral services were held in the First Baptist Church, and the large concourse of mourners—both professional and lay—was a testimony to this universal regard which he had inspired.

DR. LEWIS MACKEY OSMUN.

BY J. H. GRIFFITH, M. D.

Dr. L. M. Osmun, one of the most prominent physicians of Warren County, N. J, died at his home in Phillipsburg shortly after five o'clock, March 20th, 1884, after suffering from an attack of rheumatism, which was the immediate cause of his death. Less than six months ago Dr. Osmun was enjoying excellent health. Within that period he gave a party to his friends at his beautiful residence on Main street, which he recently purchased and had remodeled. Who of the many present on that occasion would have supposed that today their esteemed friend would be cold in the embrace of death?

Dr. Osmun was the third son of Joseph and Elizabeth M. Osmun, and was born in Independence township, Warren County, N. J., on

November 2d, 1835. In the spring of 1848 his parents moved to Prince William County, Va., where they continued their former avocation of farming, the subject of this sketch diligently assisting them in all that pertained to the labor of the farm. In the meantime he took an academic course of instruction at Manassas Junction, after which he entered Columbia College, in Washington, D. C., where he had a partial course, and commenced the study of medicine with his uncle, L. C. Osmun, M. D., in his adopted county in 1856. After a due course of study with his uncle he entered the National Medical College Department of Columbia College, Washington, D. C., and after taking two full courses of lectures he graduated in the spring of 1860. He soon after came North and located at Bushkill, Pike County, Pa., where he continued three years in an active practice, when, feeling a strong desire, in common with so many young surgeons of the North, to render all the assistance possible in putting down the late rebellion, he offered his services to the war department at Washington, and was immediately assigned to a position as assistant surgeon at Methodist Church Hospital, Alexandria, Va. After remaining there about four months he was transferred to Emory Hospital, Washington, D. C., where he rendered very efficient service until August, 1865, when he again came North, located in Phillipsburg, and continued in a large and lucrative practice of medicine and surgery until removed by death. He made surgery a specialty from the first, and at the time of his departure was the surgeon in this vicinity for the Central and Morris & Essex railroads. His success as a surgeon was undoubted. His treatment of a case was conservative rather than radical, and the best results followed nearly all of his operations. His rank as a surgeon for the past twenty years had placed him among the leading medical men of this portion of New Jersey. He was highly appreciated by his fellow-practitioners in medicine, and he was a working member of the District Medical Society for the county of Warren. His generosity was of the first order, giving freely of his means to every humane and worthy purpose. He was firm in his decisions, but kindness and benevolence were seen in all his actions, especially among the poorer class of his patrons.

Through careful and close attention to business, Dr. Osmun accumulated a competency said to be worth $30,000. He was a thinker, and not afraid to express his opinions at all times. At the time of his death he was a member of the Phillipsburg school board, and was

always deeply interested in the cause of education. No man in his profession more enjoyed a joke than he; and he could be found, when business permitted, at the different entertainments in the town, laughing and joking with all with whom he came in contact. He was never married. "Don't forget," said a Phillipsburger from whom we obtained a part of Dr. Osmun's history, "to say that no class of people in the town can better testify to his reputation as a charitable citizen than the business men, many of whom, from time to time, received large orders for groceries to be distributed among the poor and needy."

The deceased was a member of Delaware Lodge No 52, F. and A. M.; Eagle Chapter No. 30, R. A. M.; DeMoley Commandery, Knights Templar, of Washington, N. J.; Ancient Order of United Workmen; Treasurer of the Knights of Honor, and Vice-President of the Lehigh Valley Medical Society. His mother, two brothers and two sisters survive him. The former lives with her daughter, Mrs. P. W. Skinner, in Phillipsburg. The other sister is the wife of Dr. A. H. Lee. His brothers, Dr. L. C. Osmun and Jeremiah Osmun, the latter a farmer, live at Delaware Station.

The funeral took place on Monday afternoon at 2 o'clock, March 24th, 1884, at the Presbyterian Church, Phillipsburg, and was one of the largest ever held in Phillipsburg. Revs. Townsend and Dickinson officiated. A large number of Knights Templar from DeMoley Commandery, of Washington, and Hugh DePayen Commandery, of Easton, attended, accompanied by the Bethlehem brass band.

JAMES CLARK FITCH, M. D.

BY J. H. GRIFFITH, M. D.

The subject of this brief sketch was born at Greensburgh, Westchester County, N. Y., November 7th, 1792, his father being a captain of a vessel engaged in trade with the West Indies.

Most of his education was received at the Hudson Academy, while his parents resided at Canaan. In the year 1816 he removed to Warwick, Orange County, N. Y., remaining nine years, during which time

he taught school at Sugar Loaf and Warwick, studying his profession with Dr. Youngs.

The winters of 1825 and 1826 were spent at the College of Physicians and Surgeons at Fairfield, Herkimer County, N. Y., receiving his diploma in January, 1826. In the spring of the same year he returned to Warwick, and, after practising his profession at this place for one year, he removed to the town of Hope, Warren County, N. J., and in May, 1827, formed a partnership with Dr. Gideon Leeds, a physician of high repute who had a large and lucrative practice.

They soon secured a practice which, for many years, extended over a large territory, and embraced the Paulins Kill valley from Columbia (including the mountains) to Stillwater, with all the intervening region as far east as Danville and beyond, traveling generally in those days on horseback. Such was the demand for their services that they were compelled to travel day and night. The partnership continued until a few years before the decease of Dr. Leeds. For more than fifty years Dr. Fitch practised medicine in the vicinity of Hope; and no man ever sustained a higher reputation in the profession, and was for many years one of the oldest (if not the very oldest) practicing physician in the State.

Of him it might have truly been said that he was a gentleman of the old school. As he honored his profession, so he honored himself in all the relations of life. His integrity was inflexible. He continued in the practice of his profession, riding night and day, until the fall of 1881, when the grief at the loss of his wife, and his increasing feebleness and blindness, confined him to his house. For several years his family was unwilling to have him drive alone, and his daughter became his constant companion in storm and sunshine—by night as well as by day.

He was married on the fourth day of July, 1831, to Miss Sarah Drake, who died October 24th, 1881. She had been a helpless paralytic for nearly three years. The Doctor tried to bear up under this great grief with Christian fortitude, but it was too much; and the once brilliant man, who was the life of every company, became silent and melancholy. The noble and generous heart was completely crushed. He was practically a total abstinence man, not using intoxicating drinks or tobacco for more than half a century.

Four years before his death his eyesight was nearly perfect, and he was able to read both large and fine print without glasses, and his

intellect was not in the least impaired up to this time. He had been in failing health for years, and when he fell he fell as the oak falls in the stillness of the forest. He was for many years the Nestor of the medical profession in Warren County, N. J. He was licensed by the State Medical Society of New Jersey in 1827, and became a member of the County Society in 1829.

The Doctor was always a strict disciplinarian, neat in person, wearing the traditional black broad-cloth suit and silk hat. His reputation as an obstetrician was of the first order. It is said that he never cast a ballot without first lifting his hat, a custom that has become entirely extinct in these latter years.

Two sons and a daughter, out of six children, survive him: Dr. George D. Fitch and Dr. Pelatiah Fitch, both residing in Philadelphia, Pa., and Miss Rosaline Fitch, who has always remained home with her parents, and who for years cared for those parents with a patience and devotion rarely equalled, and never excelled.

His death occurred March 22d, 1884. The funeral took place on the 26th of the same month, at the Episcopal Church of the village of Hope, of which church the Doctor was a member. A general invitation was given to the members of the District Medical Society for the County of Warren, and the members thereof responded with sad hearts.

JOHN ALEXANDER SOMERVILLE, M. D.

BY WM. H. O. TAYLOR, M. D.

John Alexander Somerville, M. D., died on Thursday morning, April 3d, 1884, at his home in Union Hill, Hudson County, N. J. He was born in the City of New York on the first day of January, 1860, and resided there until 1871, when his parents removed to Jersey City, N. J. Six years later, in 1877, his parents made their home in Union Hill, and there he resided until his death.

His early education was commenced in the city of his birth, and was continued in Jersey City, where he entered the High School, from which he graduated on the twenty-seventh day of June, 1879. He at once commenced the study of medicine under the direction and supervision of Dr. H. T. Adams, of Jersey City Heights. In Septem-

ber, 1879, he entered the Medical Department of the University of the City of New York, where for three years he labored faithfully and earnestly to gain a thorough knowledge of the profession he expected to enter. He took his degree as Doctor in Medicine on the ninth day of March, 1882. Immediately after his graduation he opened an office at his home in Van Vorst place, Union Hill, N. J. Shortly after this, Smith, Ripley & Coleman, the contractors, of New York City (who were cutting the tunnel for the New York, West Shore and Buffalo Railroad from New Durham to the Hudson river, at Weehawken), engaged him to attend all their employees in this vicinity. This gave him a good start, and soon his practice began to increase, and he gained deserved popularity. Families from the adjacent towns and villages sent for him, and would have no other physician. His time became fully occupied; and as he gained in practice and popularity he lost his necessary rest, and failed in health. Shortly after the commencement of the present year he determined to take the needed rest, and started on a trip for health and recreation. But, alas, it was too late; for, on reaching the home of a relative in New York City, he was taken ill, and returning home, took to the bed from which he was never again to rise. His constitution, naturally weak, was rendered more so by an obstinate form of malarial fever, which, for a long time, resisted medical treatment. When it commenced to decrease, rheumatism took its place. For weeks he endured the most excrutiating pain, and yet bore it in the most patient and uncomplaining manner. At times he seemed to be much better, and looked forward with great pleasure to the time when he could go about and resume his practice. The rheumatic pains increased toward the end of his illness, till within a short time before his death. Early on the morning of April 3d he asked for a drink of water, and, while in the act of raising it to his lips, he suddenly passed away to his everlasting rest. His funeral took place from his home on Sunday afternoon, April 6th, and was largely attended by all classes and conditions of society, the associations of which he was a member taking part in the exercises. His remains were laid to rest in Greenwood Cemetery.

Dr. Somerville united with the Hudson County Medical Society soon after he commenced to practice, and continued an active member to the end of his life. Among both the rich and the poor he was universally beloved and respected, and many and bitter were the tears shed at the sudden cutting off of a promising life. He always main-

tained a cheerful and sympathetic demeanor in visiting the sick, giving encouragement to those who were despondent, and a kind word to the friendless. Among the poor he was especially kind; and if he showed any more attention or kindness to one class of society than another it was to them, rather than to the rich. For one so young in years, his professional success is almost entirely unprecedented. Yet he was not fond of declaring it; in fact, he rather tried to avoid any allusion to it in public.

To those of his professional brethren with whom he was associated from time to time he was always deferential; still, if he thought that he was right in any case he held firmly to his opinion, but without giving offence to any one. Whenever it was in his power, he was always ready and willing to do any one a kindness. When he died, the community, his friends and his profession suffered a severe loss. In all his dealings, whether they related to business or social matters, he was honest, upright and painstaking, and his word was to be relied on in any emergency. Time will pass away rapidly, but it will be long before his memory will pass from the minds and affections of all who knew him; and it will be long before one can be found who will, like the deceased, in so short a time, win the love and confidence of all with whom he becomes associated. Though he has passed away from us young in years, yet his memory remains to comfort those who are left behind to mourn, and to encourage those who are seeking success in the medical profession.

DR. JOSEPH C. WEATHERBY.

Dr. Joseph C. Weatherby, the senior practicing physician of Gloucester County, was born in Clarksboro' in 1812, and died there April 20th, 1884.

Dr. Weatherby received his primary education in his native village, but at an early age he went to Kenyon College, at Gambier, Ohio, then under the care of the venerable Bishop Chase, where he was received as a member of his family by the Bishop, and spent several years most happily and profitably in the pursuit of those liberal studies which so greatly and permanently influenced his later career.

He was graduated in 1834, and, returning home, began to read medicine with Dr. Charles F. Clark, of Woodbury, and in due time entered the University of Pennsylvania, where he was graduated in 1837. He opened his office at Clarksboro', and for forty-seven years continuously and most successfully practiced his chosen profession, with honor to himself and to the benefit of the community. In 1846 the degree of Master of Arts was conferred upon him by the faculty of Kenyon College.

In 1841 he married Miss Henrietta Campbell, of Woodbury, a lady whose refined tastes, warm heart and earnest Christian character adorned his home for thirty-nine years. After her death, Dr. Weatherby was observed to fail gradually, but it was only during the last ten weeks of his life that he was confined to his house and room. Everything that medical skill and the care of his children could do was done, but it only availed to save him from great suffering, and not reluctantly, but in quiet and peaceful faith, he passed away.

Dr. Weatherby was a notable man in every respect. Of large and ample frame, he was blessed throughout his life with unusually good physicial health. His temperate and regular habits, his extensive out-door exercise in the pursuit of his professional duties, added to his vigorous constitution, had this happy result. The same body was the casket of a sound and cheerful mind. His early studies had been a delight to him, and he kept them well up in his later years, and was heartily interested in the constant developments of science. While of a social disposition and fond of the society of his friends, he had such resources in himself that his many hours of solitary travel were not wearisome to him, and his life was eminently cheerful and contented. He was universally respected for his strict probity and honesty, and these were founded upon strong religious principles.

For many years he was a member of the Episcopal Church, and served it faithfully as a vestryman, a delegate to conventions, and a member of the choir. His faith grew and deepened with advancing years; and when the days of bereavement and sickness came, it is needless to say that it was more than able to uphold him. No cloud seemed to come between him and the God whom he had loved and served so long, and no word or sign of discontent at the Divine will, or of doubt or fear of the future, escaped him as he patiently and prayerfully awaited the end which he clearly foresaw. Too much praise cannot be given to his medical attendants.

For forty years, nearly, he was a member of the Gloucester County Medical Society, and was selected by that Society as their candidate for Third Vice-President of the State Society. The physicians of the county showed their fraternal regard for him during his sickness and by their large attendance at his funeral; but Dr. Ashcraft, of Mullica Hill; Dr. Laws, of Paulsboro', and Dr. Egbert, of Wayne, Penna., were unremitting in their skillful and affectionate attendance, and won the gratitude of all who loved him, by their devotion to him in the last months of his life.

His funeral was most impressive. The church, which he loved, and which adjoins his house, was thronged to its utmost capacity, and had never held within its walls such a representative gathering of the people of the county. He has left a precious memory of strong Christian manhood, of a long and well-spent life in one of the noblest of callings, of fidelity and uprightness in all the relations of life, and at the right and appointed time has entered into rest.

GENERAL JOHN M. CUYLER.

BY GEO. W. CULLUM, BVT. MAJ. GEN., U. S. ARMY.

Brevet Brigadier General John M. Cuyler, Surgeon (retired) U. S. Army, died at his residence in Morristown, N. J., on Saturday evening, April 26th, after a long illness, terminating in pyæmia.

Gen. Cuyler was born March 9th, 1810, in Savannah, Ga. His father was Judge Jeremiah Cuyler, a native of New York, and his mother was the grand-daughter of Gen. Latouche, of the French Army, in the reign of Louis XVI. One of his brothers was Richard Cuyler, for many years the president of the Central Railroad of Georgia. Gen. Cuyler was the last survivor of his family of three brothers and seven sisters.

Surgeon Cuyler's classical education was received at Athens College, in Georgia, and he studied surgery and medicine in Charleston, South Carolina. At the age of twenty-four he was commissioned in the army—April 1st, 1834—an assistant surgeon, and continued nearly half a century in the active service of the Medical Department.

Cuyler's early military life was passed at Southern stations, except

while he was engaged in the Creek War (1836), the Seminole War (1839–'40), and the Mexican War (1846–'48). During the latter he became a great favorite with the army in the field, particularly of Gen. Scott, who so esteemed him that, after the war, in a most complimentary communication, he designated Surgeon Cuyler for Chief Medical Officer of the Military Academy and Post of West Point. Here, for seven years (1848–'55), he won golden opinions from everyone, and endeared himself alike to soldiers, cadets, officers, and all with whom he came in professional or social contact. After his service at West Point he was three years (1855–'58) at Fort Leavenworth, Kan., and the next four (1858–'62) at Fort Monroe, Va —two of the largest posts in the United States.

The Civil War had now begun. Cuyler was a Southern man, educated in Southern sentiments and principles; but, painful as it was to array himself against his compatriots, his rigid sense of duty and his solemn oath of office out-weighed all other considerations; hence, with an elevated patriotism and with punctilious honor, he continued faithfully to serve under the revered flag of his country.

Upon the termination of the Rebellion, Cuyler became the Medical Director of the Department of the East and of the Division of the Atlantic, in which duties he continued till June 30, 1882, when he was retired from active service.

During his long period of army service he had been promoted a full Surgeon February 16, 1847, with the rank of Major; Medical Inspector, June 11, 1862, with the rank of Lieut. Colonel of Volunteers; Surgeon, June 26, 1876, with the rank of Colonel in the Regular Army; and Brevet Colonel, Nov. 29, 1864, and Brevet Brigadier General, U. S. Army, March 13, 1865, for "Faithful and meritorious services during the Rebellion."

General Cuyler, in 1840, married the only daughter of Judge Wayne, of the United States Supreme Court, by whom he had two sons, both becoming officers of the army. The youngest, William, died many years since, and the eldest, James, who was a Major of Engineers and a very promising officer, died a year ago.

The funeral of Dr. Cuyler took place at Morristown, N. J., on Tuesday, April 29th, with Generals Hancock, Cullum, Tower, Fry, and Colonels Kendrick, Baylor, McParlin and Janeway, as pall-bearers.

REPORTS OF DISTRICT SOCIETIES.

ATLANTIC COUNTY.

To the Chairman of the Standing Committee, &c.:

From the portion of the county including Hammonton, New Germany and Elwood, Dr. Edward North reports more than the usual amount of sickness. Last summer a severe epidemic of dysentery prevailed, coming on frequently without premonitory symptoms; a profuse discharge of blood from the bowels was the first symptom, the patient being free from pain, and very greatly prostrated. It responded readily to treatment if taken in hand promptly. If, however, it was neglected for a few days, the hemorrhage increased, and the patients had a long convalescence, requiring a stimulant and tonic treatment to bring them through. During the winter an unusual number of cases of rheumatism and bronchitis occurred, and three (3) cases of catarrhal pneumonia are reported, all occurring in old people and all resulting fatally. Dr. North further reports the absence of typhoid fever, a few isolated cases of scarlet fever during the winter, and at present a mild epidemic of measles.

In Atlantic City there is less than the usual amount of sickness to report; Dr. Boardman Reed says that "during the past year I have found Atlantic City more healthful than in any previous year within my experience." He reports that during the early winter occa-

sional cases of scarlatina were imported from the large cities and a very few cases were seen by him among the residents. Rötheln or German measles prevailed to some extent during the autumn and early winter, and, as Dr. Reed goes on to say, "It is this taken with the few scattering cases of genuine scarlatina which occurred that led to the sensational reports sent abroad of an epidemic of the latter disease." In my own practice I saw only two or three cases of scarlatina, many more of Rötheln; but as health inspector at the time, I saw probably nearly all the cases of scarlet fever that occurred in Atlantic City during the winter. It is a surprising fact that we escaped with so few cases when we remember the great prevalence of the disease in the large cities, and the constant arrival of visitors from these places. That we had no more is largely due to the prompt and energetic action of the Board of Health in carefully quarantining each case as it developed, and in insisting upon thorough disinfection after convalescence.

Dr. Reed has not met with a case of typhoid or remittent fever during the past year, nor does he know of a case of either disease occurring in the practice of any of our physicians. A few cases of intermittent fever occurred in the persons of visitors from malarial regions, which, as Dr. Reed says, "uniformly yield within a few days to very moderate doses of quinine combined with some liver stimulant."

The Board of Health had to deal with a single case of variola during the past summer in the person of a colored servant recently arrived from a Southern city. He was promptly removed to a hospital provided for such purposes a few miles from the city, and by thorough disinfection the disease was stamped out, no other case developing.

Dr. Reed reports rather more cases than usual of follicular tonsillitis, all, however, of a mild type. Not a single case of diphtheria has occurred in his practice. Of the latter disease, I saw two cases in the early winter, both of them imported from Philadelphia and both recovering without another person contracting the disease. In these cases I found very great benefit to be derived from the frequent and thorough local use of lime water by means of an atomizer, combined, of course, with the free use of stimulants and supporting treatment.

During the summer the usual large number of children suffering with cholera infantum or entero-colitis were brought here. I find, however, only seventeen deaths recorded as due to these diseases; certainly a very small proportion when we remember that so many are brought here only as a last resort. Indeed, so wonderful is the effect of our cooling breezes in these affections that if the little sufferers have strength to last but for a few hours after their arrival, they recover almost without exception.

Among adults many cases of acute illness occurred during the summer months, due to errors in diet and mode of life; these, however, yielded promptly to treatment.

Our residents suffer but little from lung troubles. Out of the total number of deaths (191) for the last year, acute affections of the air passages are stated as the cause in only thirteen (13) cases; while phthisis is accredited with twenty-four (24) deaths. Of these, certainly not over one-half have occurred in residents, the rest being persons who have come here when the disease was already far advanced.

It is a source of great pleasure to be able to report that no death has occurred among our members during the past year.

For the use of physicians who may wish any information as to our climatology, I have been enabled through the courtesy of Sergeant Blunden, of the United States Signal Corps, to compile the following table showing the range of the thermometer, barometer, mean humidity, etc., for the past year.

1883.	Thermometer.			Moisture.			Barometer.			
	Max.	Min.	Mean.	Mean Humidity.	Rainy Days.	Rain in Inches.	Max.	Min.	Mean.	Range.
May.....	79.	40.6	56.7	79.6	10	1.78	30.364	29.430	29.958	.934
June.....	84.	52.0	67.2	84.4	10	3.53	30.473	29.638	29.987	.835
July.....	94.	57.	73.0	78.3	12	2.83	30.245	29.731	29.982	.514
August...	91.	55.	70.5	76.0	7	3.21	30.249	29.661	30.028	.588
September	80.	45.	65.1	77.5	12	5.31	30.401	29.572	30.058	.829
October..	75.	39.8	55.6	78.5	19	6.18	30.607	29.432	30.140	1.175
November	63.	18.7	45.9	72.0	7	1.25	30.646	29.721	30.152	.925
December	57.6	11.0	37.2	76.8	15	2.54	30.627	30.498	30.105	.129
1884.										
January..	50.	4.	29 2	75.9	16	7.17	30.819	29.177	30.113	1.642
February.	54.6	11.	37.6	83.2	18	7.44	30.717	29.175	30.057	1.542
March...	60.2	8.	38.6	82.0	18	5.79	30.457	29.484	30.002	.973
April.....	67.	29.5	47.0	75.4	10	4.29	30.194	29.127	29.840	1.067

Mean temperature for the entire year, 52°.

Mean summer temperature, 70°.

Mean winter temperature, 35°.

Difference between mean summer and mean winter temperature 35°.

Total rainfall, 51.32 inches.

Average per month, 4.28 inches.

J. E. SHEPPARD, *Reporter.*

May 14th, 1884.

BERGEN COUNTY.

To the Chairman of the Standing Committee, &c.:

There has been rather less than the usual amount of sickness in the county during the year. There is always more or less fever of an intermittent or remittent character prevailing during the summer and autumn months, but during the past few years they have been less prevalent than formerly, and fevers of a typhoid or typho-malarial character are taking their place. This, at least, has been the case in my own practice. During the past year I have treated a number of cases of genuine typhoid fever, three of which had severe hemorrhages from the bowels, and two of the three died from the effect of such hemorrhages.

Less than the usual amount of bowel troubles prevailed, and these were of a mild type and yielded readily to the usual treatment of such cases. Scarlet fever of a mild type prevailed during the months of January, February and March, but only a very few cases of diphtheria, and these were much milder than during the previous year.

During December, January and February, I had rather more than the average number of cases of pneumonia. In all my cases I use aconite in small and frequently-repeated doses during the first stage, with hot fomentations to the side or chest, and anodynes, if the pain is very severe, and small doses of phosphorus, as recommended by Ringer, in the second stage. This gives me better results than any other plan of treatment that I have ever tried. When seen in the very first stage of the disease, I have frequently been able to abort the attack, and prevent it from going beyond the stage of simple engorgement of the lung.

During the present spring I have had quite a number

of cases of inflammatory rheumatism, all of which I have treated with aconite and bryonia in small doses, and wine of colchicum and carbonate of ammonia, wrapping the inflamed joints in cotton and oiled-silk—sometimes bathing with some soothing embrocation, but more frequently not using anything except the cotton and oiled-silk.

Dr. Demarest, of Arcola, says: "There has been no disease of unusual interest during the past year, excepting one case of spinal meningitis and another of cerebro-spinal fever, both resulting fatally—the first after a period of eight days, the other after twenty days' illness; and a less amount of malarial and pulmonary troubles than usual."

Dr. Ayers, of Fairview, says: "In the early part of the year, no epidemic or prominent disease prevailed. Malaria was less prevalent during the entire year than heretofore. The summer and fall months were more healthy than for many years. During the winter months, more than the usual amount of pneumonia and rheumatism were treated, and during the month of March a large number of cases of muscular rheumatism came under my care, some of which were very obstinate."

Dr. Neer, of Park Ridge, says: "I have nothing of special interest to report from my locality. We have had no epidemics of any kind, but an average amount of sickness, general in character and having no peculiarities that require special notice."

Dr. Reed, of Norwood, reports a few cases of malarial and diarrhœal troubles, but not as much of either as in previous years. Also two cases of stomatitis complicated with glossitis, and one case of puerperal mania, which was improving under the use of chloral and veratrum viride.

Dr. Morris, of Norwood, says: "The past year has

been fairly healthy; less malarial fever and the cases less obstinate. Saw one case of congestive chill that looked very unfavorable. On opening a vein, it was with difficulty that a flow of blood could be obtained. After drawing five ounces it flowed freely, and, on taking twelve ounces, reaction set in, giving a speedy and good recovery, with the moderate use of quinine."

Dr. Turnure, of Tenafly, says: "From April to June, 1883, a mild epidemic of measles prevailed among both children and adults. In some of the patients a persistent eczematous eruption behind the ears and at the roots of the hairs in the temporal region remained for some months after recovery. There was about the usual amount of malarial trouble. Influenza and follicular sore throat were of frequent occurrence from July until the present time. A peculiarity of the follicular pharyngitis was its contagious character when occurring in families. The attack was ushered in by a distinct chill, temperature 101° to 103°, with pain in limbs and muscles of back; the tonsils were red and glazed, with white patches covering them. Treated them with aconite and belladonna, and astringents locally, with quinine as a restorative tonic. During the winter, bronchitis was the most noticeable lung trouble. One case of pseudo-membranous croup I treated under a tent, in a room with a temperature of 80°, with steam from boiling water and slacking lime, using yellow sulphate of mercury as an emetic when the membrane seemed to encroach upon the calibre of the larynx. The child was kept in this atmosphere of steam for ten days, and finally made a good recovery. Bronchitis was severe in this case, and was relieved by hot poultices and stimulating expectorants. The child was given brandy and milk, and one-half grain of quinine every second hour. Age, six years."

Dr. Currie, of Englewood, reports a few cases of genuine diphtheria during the early part of the year. They yielded best to injections of dilute solution of chloride of sodium up the nares, and large doses of tincture of iron—ten to forty drops every half hour or hour, according to the age of the patient. Scarlet fever prevailed to a considerable extent during June, July and August, a few cases proving fatal. Through September, October, November and December, fevers of an intermittent, remittent and typho-malarial type existed to an alarming extent. A large number ran a course of over twenty-four days, five a course of thirty-six days, and one case ran a straight course of forty-six days, with a morning temperature 102°, and evening 103°, 104° and 105°, but with an absence of diarrhœa or hemorrhage in all of them. The origin of this epidemic was impure water, defective plumbing, dampness, and malaria in general. Following several of the cases of fever which ran a prolonged course, acute arteritis occurred, especially when the patient undertook to walk soon after convalescence. I have encountered this affection before, and think the reason it affects the lower extremities oftenest is because of their being used before they are sufficiently strong to bear the weight of the body. The arteries most frequently affected were the femoral, popliteal and tibial. In one case the femoral artery seemed to be entirely obliterated. The pain was severe along the course of the vessel, and a feeling as if a cord were under the finger. An epidemic of catarrhal fever existed through June and disappeared in July. It came on suddenly; often with a chill and pain in the throat and throughout the body, with a temperature from 100° to 102°, with lassitude and restless nights; eyes injected and watery, with slight nasal catarrh, cough and clammy skin; kid-

neys and bowels inactive. It ran a course of from one to two weeks.

"During the past year I have succeeded in aborting three cases of bubo with sulphide of colchicum, given in one-grain doses every fourth hour. I consider it a reliable remedy if given thirty-six hours before suppuration has commenced. These cases were all colored men, and old sinners at that."

J. M. SIMPSON, *Reporter.*

SCHRAALENBURGH, May 15th, 1884.

Two interesting papers accompany the report from Bergen County —one on "The Artificial Alimentation of Infants," by Milton Turnure, M. D., of Tenafly; the other by Frederick Morris, M. D., of Closter, on "Bloodletting." The following are abstracts of same:

THE ARTIFICIAL ALIMENTATION OF INFANTS.

BY MILTON TURNURE, M. D., OF TENAFLY.

In the first, Dr. Turnure speaks of the prevalence of infantile summer diseases in our towns and cities; of the large number of young children who have to be fed on artificial foods of some variety; of improper food being the cause of a very large proportion of the cases of diarrhœa, cholera infantum, etc; and of the importance of the physician, in giving advice as to diet, being led by a knowledge of the laws of physiology and organic chemistry, rather than allow himself to be deceived by the advertisements of the concoctors of the innumerable artificial foods in our medical and other journals. He believes cow's milk of good quality, mixed with a proper equivalent of water and deprived of half of its fat, offers the safest and most rational substitute for the mother's milk; that when it does not agree with the child it is owing either to the impurity of the milk or to the large amount of fat which it contains. The majority of the artificial foods advertised contain considerable starch or gluten, and he believes that such are more harmful than beneficial. He has observed in winter, as in the summer months, bad results in many cases from the use of those foods.

In some cases of indigestion, etc., he had found barley water alone to agree best. He thinks it a matter of great importance to give the child frequently through the day, in warm weather, a small quantity of water to drink.

BLOODLETTING.

BY FREDERICK MORRIS, M. D., OF CLOSTER.

Dr. Morris, in his paper on "Bloodletting," cites the following cases:

"G. B., a man 54 years of age, October 25th fell with what was called 'a stroke,'—no doubt apoplectic. I was called to see him. Found his right side paralyzed. He had lost the power of articulation, and senses are much impaired. Pulse slow and feeble. He had been 'a hard drinker' for many years. Even in my earlier days, when bleeding in such cases was the rule of practice, one would hesitate in the case of a steady drinker. But I saw no other hope for him, and opened a vein. I was glad to perceive that as the blood flowed the pulse rose. I took sixteen ounces. Gave a cathartic and applied counter-irritants. He improved. On November 2d cupped the nape of the neck to four ounces. He is now in possession of his usual faculties of motion, speech and capacity for business; and, having the fear of death by palsy before his eyes, he is a practical teetotaler."

"On the 18th of the present month, Miss G., a maiden lady, temperate, but of a very full habit, 52 years old, usually in robust health, was seized, on arriving at our depot from New York, with numbness and powerlessness of her left side, able neither to raise her left arm, hold anything in her left hand, or move her left leg. The symptoms increased, as did a feeling of distress about her head.

"On seeing her on the 21st, I found her face flushed; neck turgid; pulse small, not rapid, but with a feeling of hardness on pressure; the skin and extremities cool. She declined being bled from the arm for fear. On cupping the nape of the neck the blood flowed freely, and eight ounces were drawn with an immediate sense of relief. Gave her a physic, and to-day (22d) the power of her lower extremity is almost normal. She can raise her arm, but not yet take hold. I believe that without that speedy relief to the circulation, which could

not be given effectually any other way, she would probably have had an attack of fatal apoplexy."

The Doctor closes his paper with an earnest appeal to the profession not to discard this "effective remedy which, for ages, held the confidence of the people and of their physicians. * * * A judicious and timely bloodletting is a safe and efficient aid in the relief of many disorders of the system, and for which there is *no substitute.*"

BURLINGTON COUNTY.

To the Chairman of the Standing Committee, &c. :

During the year there has been comparatively little sickness. During May and June, intermittent fever, parotitis and rubeola of the ordinary grade and customary type were the principal diseases. In July and August, cholera infantum, cholera morbus and diarrhœa. A few cases of the first-named disease were speedily fatal. Improper alimentation was a frequent cause of trouble among children. September produced a case of variola confluens. On the tenth day the disease was at its height; pulse 120, temperature 104°. His face was kept well dusted with oxide of zinc; elsewhere, he was anointed with a five per cent. carbolized oil. Many of the pustules evinced a malignant form of the disease. The treatment was anodyne, supporting and, for a time, slightly stimulating. Several vaccinated members of the family subsequently had the disease in a very mild form. At the present time, May, 1884, his face shows but slight evidence of the eruption. He was vaccinated when an infant—twenty-five years ago. I found it so difficult to produce vaccinia among children that I abandoned the operation.

Drs. Gauntt, Hall, Lansing, Parrish and Pugh, of Burlington, report cases of parotitis, pertussis, rubeola and scarlatina. Dr. Pugh states that there was an endemic of mumps and many cases of scarlatina. He believes that the malignancy of scarlet fever depends more upon the constitution—the idiosyncrasy of the individual—than upon the materium morbi. The clothing may be a cause of infection. Dr. Lansing reports some malarial and typho-malarial cases; Dr. Gauntt, many cases of mumps, and one case of typhoid fever from drinking foul water. Dr. Taylor, of Beverly, reports scarlatina in his practice. The cause was supposed to be sewer gas. Drs. Jemison, Shipps and Young, of Bordentown, that the unusually good health of the year was varied with a few cases of mumps, scarlatina and diphtheria, but not one case of typhoid fever. Drs. Chamberlain, Barrington, Melcher and Parsons, of Mount Holly, mumps, rubeola and malignant diphtheria, caused by bad drainage. Some of these were followed by palsy of the throat. Dr. Hollingshead, of Pemberton, states that by way of an offset to the remarkable health, there were a few cases of mumps. Dr. Van Mater, a few cases of mumps in and around Columbus. In October and November a few cases of diphtheria appeared. The early symptoms of membranous croup are often very obscure, and it is difficult to tell what will be the condition of the patient on the following day. I except diphtheritic croup, recovery from which I never saw. The exceedingly unfavorable prognosis of this disease, and the inability to obtain efficient nursing, prohibits the operation of tracheotomy.

On October 22d a mother brought her three-year-old daughter several miles "to be relieved of something in her throat," which she said caused difficult breathing at night and retching at the same time. The croupy cough

and the diphtheritic exudation were absent. 23d. I did not see her. 24th. No membranous exudation visible. A suffocative cough and sonorous rhonchi in both lungs were the principal symptoms. She had not yet kept to her bed, but walked about the house as usual. 25th. She was moribund; breath offensive; tonsils covered with the diphtheritic exudation; pulse, 200; breathing, 60; lungs congested. Where the exudation began I cannot tell. I believe it extended upward into the pharynx and downward into the bronchi. Not until the 25th was there evidence of constitutional poisoning, or that she would die of laryngeal stenosis. The tincture of the chloride of iron, the chlorate of potassium, quinia, alcohol and good alimentation were the main factors in the treatment. If I were obliged to choose one only of these medicines, I would select the alcohol. I have tried this with milk, without other medicine locally or generally, and believe it as efficient as many other highly-recommended agents.

Albuminuria is by no means an infrequent disease. It is a question whether it should always be called Bright's disease. In many cases an autopsy alone must establish the diagnosis. Squibb says that "small proportions of albumen in urine, as shown by the more delicate tests, have, when taken alone, little or no pathological significance." Flint: "The small granular kidneys sometimes secrete urine which in no way differs from the normal." Professor Semmola considers the lesions of the kidneys a secondary affection—that an abnormal quantity of albumen in the blood produces congestion of the kidneys and chronic paranchymatous nephritis. Medical men must here reason a posteriori, not a priori. With the assistance of the books and of experience, the diagnosis must be an individual judgment, based on a few objective symptoms in many cases.

Cases of typhoid fever were rare. The fevers occurring were generally of the intermittent, remittent or continued forms. The typical temperature, eruption and diarrhœa of typhoid fever were conspicuous by their absence. Intermittent fever, in the great majority of cases, dropped the first stage. It very often happens that persons who have not for many years, if ever, had the intermittent fever, become subjects of the disease after getting wet in a rainstorm.

March 24th, 1884, I saw a case of malignant intermittent fever or congestive fever—the only one I remember within twenty-five years. Mrs. S., married, age 31 years. Last autumn she had the intermittent fever. I saw her for the first time March 20th, at four o'clock P. M. I was informed that at 11 A. M. on the preceding day she had had a chill. On the morning of the 20th she attended to her accustomed duties, and considered herself well. At 11 A. M. the fever, without a chill, returned. I found her sweating profusely; pulse, 120; restless; skin hot, and complaining of headache. Half an hour afterwards she became comatose, and died on the 22d of congestion of the brain. If an intermission, or even a remission, had occurred, what a good subject she would have been for the subcutaneous injection of the hydrobromate of quinia, which is soluble, in the proportion of four grains to the twenty minims.

Another unusual cause of death in this neighborhood is gangrene. A butcher of this place, aged 65 years, weight 240 pounds, temperate in everything but eating, complained when I saw him, April 9th, 1883, of pain in the right great-toe; heart's action feeble and irregular; the sounds muffled; no anasarca; urine 1,026, contained albumen and sugar; could not detect arterial pulsation in the leg; for several weeks, none in the popliteal; after-

wards it returned. Atrocious pains, sloughing of the parts and death all occurred within four months. So far, I believe no satisfactory explanation has been given for the saccharine urine in senile gangrene, or the small ulcer which spreads phagedenically indicative of diabetic gangrene. As the connection between gangrene and diabetes has been known only within the last twenty years, the general and local causes have not received the attention they deserve.

S. C. THORNTON, *Reporter.*

BURLINGTON, May 12th, 1884.

MUSCULAR HYPERTROPHY OF THE STOMACH.

BY DR. ALEX. MARCY JR., OF RIVERTON.

The following case illustrates very beautifully that rare pathological condition—muscular hypertrophy of the stomach:

Wm. G., American, æt. 46, came under my care Sept. 15th, 1881. His condition was rather a peculiar one. He was greatly emaciated, extremely jaundiced, and very weak. There was total anorexia, and it was impossible for him to take over two tablespoonfuls of any fluid at one time. Had constant diarrhœa; stools of a light clay color, not offensive; tongue enlarged, smooth and bright red; he suffered no pain; there was no elevation of temperature; heart and lungs were normal; liver slightly enlarged, but no tenderness over it, or enlargement of the gall bladder; stomach appeared somewhat contracted and slightly dull on percussion; no tumor could be detected. He was supposed to be suffering from jaundice, from suppression of the secretions of bile. The third day after coming under observation he was taken with a chill, which was followed by fever; complained of pain in side; had slight cough, difficult and rapid breathing, and in a few hours died.

His previous history, as afterwards obtained from the physician who had attended him at intervals, was as follows: At the age of 18 years he enlisted in the army, and while there suffered from chronic diarrhœa. For years afterward he was a free drinker. During the

last five years of his life he had had, at intervals, attacks of vomiting, frequently accompanied by diarrhœa and jaundice. The ejected matter was either greenish or white, and the stools were usually copious, green and fluid.

At the autopsy, all the organs appeared to be healthy excepting the lungs and the stomach and duodenum. The left lung was in the first stage of pneumonia, and this disease had probably been the immediate cause of death. The condition of the stomach was exceedingly interesting. It had undergone remarkable contractions, measuring in length only 12.5 cm., and in diameter but 3.75 cm. at the pyloric, and 4.35 cm. at the cardiac extremity. The lumen was greatly diminished, and the organ could not have held over 60 c.cl. of fluid. The little finger pushed into the interior encountered a stenosis at about the *centre* of the organ, which it could scarcely pass.

On opening the stomach it was seen that this was produced by a narrow, fibrous band, on either side of which was a stellate cicatrix. At the pyloric extremity the lumen was almost obliterated, and would scarcely have admitted a goose quill. The mucous membrane was abnormally smooth, and the stomach wall everywhere very much increased in thickness, measuring toward the pyloris 1.5 cm., and at the greater curvature 1 cm. This same thickening and narrowing had extended into the duodenum until it involved also the ductus communis choledochus, which it completely occluded. Beyond this, the intestine rapidly assumed its normal dimensions.

Under the microscope the following histological conditions were revealed: The mucous membrane is very little altered, and in thickness is about normal. A slight growth of newly-formed connective tissue is to be found among the glands. In the muscularis mucosæ there has been a great increase in the amount of muscular fibre, which is mingled, however, with many bundles of connective tissue. The increase of thickness in this coat is seven or eight-fold, due almost entirely to the overgrowth of the muscular element. The muscular element of the stomach is increased about three times in thickness. Here, too, this increase is due to an hypertrophy of the muscular tissue, although in many places there exists an intimate mingling with it of newly-formed connective tissue. The fibrous tissue dissepiments are slightly increased in thickness. The serous layer is unaltered.

The sub-mucous layer has undergone the most peculiar change.

In this there is not only found an irregular deposit of this same newly-formed imperfectly-fibrillated connective tissue, such as is found elsewhere in the organ, but also a new growth of *smooth, muscular fibre*. This fibre is scattered in larger or smaller bundles throughout the sub-mucous layer, in some places exceeding the connective tissue in amount; in others, falling short of it. Towards both the muscular wall and the muscularis mucosæ is the greater amount of muscular fibre, indicating, perhaps, that in its growth it has extended from these two tunics. The thickness of this tunic is greatly increased, but to exactly what extent cannot be determined, owing to the gradual blending of this with the two contiguous tunics, produced by the depositions of newly-formed muscular fibre in it. The lumen of the bloodvessels of the sub-mucosa, and the thickness of their walls, are greater than in the normal stomach.

CAMDEN COUNTY.

To the Chairman of the Standing Committee, &c.:

Dr. Godfrey, of the City of Camden, reports that during the spring months of 1883 there was the usual number of inflammatory affections, concerning which there is nothing to be added in the way of treatment. He mentions a case of true croup, in which advantage was derived from building a blanket-tent around the crib of the child and keeping the atmosphere within the tent continually moist with steam during the progress of the disease. Stridulous breathing was considerably allayed by the steam, and it materially contributed to the recovery of the child. In cases of croup, in which it is difficult to effect emesis, it is well to resort to hypodermic injections of apomorphia.

During the summer months there were but few cases of cholera infantum in the city. This was due to an unusually cool summer. There are cases of diarrhœa occurring

in children during the summer months which are improperly called cholera infantum. In the absence of a copious watery flux, attended with vomiting and emaciation, the term cholera infantum is a misnomer.

The number of cases of typhoid fever has not been as great as during the previous twelve months, notwithstanding the character of the Delaware water remains the same. This is due to the extension of the culvert system, to the cleansing of the water basin, and the unusual coolness of the summer.

Malarial fevers have been present throughout the year. It is not strange that malarial poisoning is prevalent; for our city, being situated for more than four miles upon the unimproved banks of the Delaware, is at the mercy of effluvia arising from the organic decomposition in its mud-banks. Fresh-water marsh lands, containing a high percentage of organic matter as well as the alluvial deposits of the Delaware, breed malaria. The growing vegetation of marshes has nothing to do with its development. The soil surrounding us is malarious. Though highly cultivated, it has imbedded in it the products of vegetable decay; and having a sub-soil of marl or clay, which prevents thorough drainage, it is kept more or less moist, and, during the continuous heat of summer, generates malarial germs. I say malarial germs, for the doctrine of the gaseous exhalations of vegetable decomposition, as the causative agents of the disease, has been abandoned.

During the winter and spring, acute inflammatory diseases prevailed. Scarlet fever and diphtheria have been less common than usual. The only ailments which have approached the character of an epidemic are whooping-cough and jaundice, the latter being more a manifestation of malaria than of an idiopathic condition of the liver.

Dr. Mecray, of Camden, states that in his practice the summer months were characterized by unusual health. During the succeeding fall months, intermittent and remittent fevers prevailed more extensively than usual. In the winter, pertussis, rubeola, bronchitis, pneumonia, tonsillitis and rheumatism were met with every day, while scarlet fever and diphtheria were frequently seen but did not become epidemic, and there was no fatality accompanying them.

Typhoid fever has also prevailed, but to a much smaller extent than during the previous twelve months, the disease running its course mildly and with few complications.

Dr. Benjamin has met with the usual diseases during the past year in the City of Camden. The summer was more healthy than the one before it, but the winter of 1883 and 1884 was less so than the one which preceded it. Bowel diseases, especially diarrhœa and irritability of the alimentary tract, were marked. During the past few months a remarkable phenomenon has occurred in the form of epidemic jaundice, of undoubted malarial origin. While plain intermittent and remittent fevers have not been so common, malarial poisoning has presented itself in Protean forms. The usual contagious diseases have prevailed in a mild form. Dr. B. thinks most of the diseases we have could be avoided if the people would study hygiene.

Dr. Hamilton, of Camden, reports malarial diseases in their varied types and phases, and numerous cases of laryngitis, bronchitis, etc.

Dr. Palm reports the total number of patients treated at the Camden City Dispensary during the year ending April 30th, 1884, was 955, of which number fully two-thirds were reported as being due to malarial influences and ordinary colds. The remaining third of the cases

was composed of the diseases which usually occur among the classes which patronize a charitable institution.

There were a few cases of scarlet fever and seven cases of typhoid fever. There were eight cases of variola and varioloid reported, of which three terminated fatally.

During the year there were 875 deaths in the City of Camden, the greatest mortality occurring in January, 1884, when the number was 100. The lowest number of deaths, 44, occurred in May, 1883.

The following is an enumeration of the principal causes of death: phthisis pulmonalis, 135; diseases of brain, 88; diseases of heart, 55; cholera infantum, 41; pneumonia, 40; typhoid fever, 30; scarlet fever, 24; diphtheria, 25.

From Haddonfield, Dr. Jennings reports the usual run of diseases, with an abundance of those affections induced by malarial influences, which always obtain pre-eminence in that place. The Doctor says all diseases are modified by the malarial poison, so that quinine cures everything. There has been no typhoid fever and no epidemics of any kind.

Dr. Tomlinson, of Gloucester City, reports typho-malarial and intermittent fevers. Scarlatina anginosa and pertussis have prevailed as epidemics.

Dr. Branin, of Blackwoodtown, says the first six months of the year just passed have been unusually healthy and free from epidemic diseases, the rate of mortality being lower than it has been for several years, during the same season. In May, June, September and October, they had some isolated cases of scarlet fever of a mild form, with one malignant case, which died on the fourth day. In September and October, occasional cases of diphtheria occurred; quite severe, but no deaths. During June, July and August, the usual summer complaints of children prevailed to a certain extent, but they were not

severe and yielded readily to treatment. Dr. B. says: "We have had intermittent fever in each and every month, but less than one-half what we had in the several previous years, and less quinine was required to cure it. Remittent fever prevailed during July, August and September. Typhoid fever began about the last of August, since which time there have been several cases but no deaths. Cholera morbus and dysentery were very rare during the summer months." Dr. Branin reports several cases of pneumonia in September, which is very rare at that season, in his practice. An epidemic of rubeola commenced about the first of the year, and has continued to the present time. There was the usual trouble with the air passages; in some instances very severe, but no fatal cases.

There were two cases of typhus fever taken to the alms-house at Blackwoodtown. The first, an Irishman, was brought from near Pea-shore. He came up the river on some vessel, and was taken off there and eventually sent to the alms-house. The other was a German who had been sleeping in Castle Garden, New York City, for several nights, then tramped across the State, and was picked up in Delaware township and sent to the alms-house. Both cases recovered—one in six and the other in four weeks. The rigid system of isolation prevented the spread of the disease.

In the towns of Waterford and Winslow and vicinity, during the first half of the Society's year, there was less than the usual amount of disease, with the customary exemption from malarial fevers, excepting that in the latter place and vicinity epidemic dysentery of a grave form prevailed during the summer months. This disease has prevailed in Winslow on several previous occasions, and is undoubtedly due to defective sanitary arrangements.

During the winter and spring, owing to the unusual and almost continuous cloudy and damp weather, rheumatism —chiefly of the sub-acute form—pharyngitis, laryngitis, tracheitis and bronchitis were very prevalent, hardly a family escaping. Some of the cases of bronchitis were very stubborn. Not a single case of pneumonia presented in this section of the county. Recently, rubeola has been endemic in Winslow, the majority of the cases being of a mild form.

JNO. W. SNOWDEN, *Reporter.*

A Case of Pleurisy Resulting in Pyothorax.

BY A. M. MECRAY, M. D., OF CAMDEN.

May 21, 1883, was called to see D. S., aged 6½ years. May 20th, 1883, had been suffering from hoarseness, accompanied by slight fever and cough. Previous to my seeing her she had a decided chill, with fever following; vomiting; intense pain on left side, at the pleural covering of the diaphragm; short, dry cough; breathing considerably embarrassed, with dyspnœa rapidly increasing. I diagnosed diaphragmatic pleurisy.

The fever was considerable during the first twelve hours, attended with all the characteristic phenomena of this form of disease: skin hot, tongue furred, urine scanty, pulse contracted, and the respiratory murmur diminished.

On the following morning I found an effusion sufficiently large to entirely obliterate all healthy resonance. Upon percussion, the dullness amounted to perfect flatness. Total obliteration of the respiratory murmur, very little pain, with moderation of fever, great dyspnœa, and the patient unable to lie upon the sound side. My attention and efforts were now directed towards the absorption of this liquid. A

urge was ordered, to be followed by saline cathartics, with

diaphoretics. Iod. of potassa, counter irritation, etc.,

until the twelfth day after the effusion, when a chill,

followed by hectic form of fever, led me to suppose that the liquid had become purulent, and that surgical interference was demanded. The left side was found, by measurement, considerably larger than the other; the heart was pushed over, so as to be distinctly felt, beating under the nipple of the right side; all respiratory murmur abolished, and vocal thrill wanting. I advised immediate aspiration, and suggested a consultation with Prof. Wm. Pepper, of Philadelphia, which was held June 3d, 1883, when aspiration was performed, resulting in the discharge of twenty-two ounces of thick pus, followed by immediate and marked relief.

Four days subsequently, it was decided to introduce a drainage tube, which was accordingly done, by using an ordinary canula and trocar, partly emptying the chest of the pus, and passing a Jacques catheter through the canula, allowing about three inches to remain in the cavity of the chest; the canula being withdrawn, the pus gently oozed away into a mass of oakum, with which the side was kept covered.

The operation was performed between the seventh and eighth ribs, in the axillary line; local anæsthesia—ice and salt was applied to the skin until it was frozen. The tube was held in position by passing a strand of silk through the tube and around the body, with adhesive plaster over the silk.

The discharge gradually dimished, and two weeks after the introduction of the tube, it was thought that the fistulous opening could be kept so by the daily introduction of a solid catheter. When the tube was removed, much to my disappointment, no pus discharged, and the pain of introducing the catheter was so very great that I was again obliged to use the drainage tube. The pus now was very offensive; the stomach sickened, the fever increased, and for more than a week death seemed inevitable. No injections of antiseptic solutions could be used, although the indications demanded it. Constitutional treatment was all that could be given, champagne being the only thing the stomach would retain for some days. The patient gradually rallied, and on the fifth day of July was removed to Asbury Park, N. J., and placed under the care of Dr. Henry Mitchell, whose professional care and ability added largely to the rapid recovery made.

On the 25th day of July, 1883, eight weeks after the introduction of the drainage tube, it was removed, the orifice being kept open by a solid catheter passed twice daily, until August 1st, when all discharge

had ceased, and it was then allowed to close. The patient, at this date, has entirely recovered; the chest walls, which were sunken, have filled out to nearly their normal condition; the spine, which was curved, now being straight and natural.

HOMŒOPATHIC REMEDIES.

BY JNO. R. STEVENSON.

Among the fungi that have sprung up with the civilization of the nineteenth century, there is no one more remarkable than homœopathy. Ninety years have not yet elapsed since its founder announced to the world that he had discovered a new law in medicine; yet within that time the new creed has spread throughout the civilized world, has built colleges, endowed hospitals, entered State universities, and claims its patrons among the learned, the wise and the affluent.

A clear understanding of homœopathic remedies cannot be had without a knowledge of what homœopathy is. A short sketch of it will, therefore, preface this paper.

About the year 1796, Samuel Hahneman, a German physician, educated, visionary, dogmatic, but of indefatigable industry, declared that he had discovered a new law in medicine, to which he gave the Latin title "*similia similibus curantur*"—likes cure likes; that is, any substance which, taken into the *healthy* human body, especially in excessive doses, produced certain symptoms; and it would, when administered in a properly-diminished dose, cure any disease that presented similar symptoms. This so-called law is the corner-stone upon which has been built the whole superstructure of homœopathy. Dogmatically proclaimed by Hahneman, it has been held by its followers to be as true as the law of gravitation. No doubt of its authenticity is to be entertained. To question or dispute it is to be not a homœopath; destroy it or acknowledge it to be untrue, and homœopathy falls to the ground. That this is still their doctrine at the present time, may be seen from the following paragraph, taken from a homœopathic journal of 1882, which claims to quote the saying of one of their greatest leaders, Dr. Carroll Dunham, and which says: "The great law—*similia similibus curantur*—teaches us to select a remedy, the characteristic pathogenetic symp-

toms of which are very similar to those of the patient. This grand generalization is supported by a multitude of facts. We accept it. It takes no heed of the *names* of diseases, nor of pathological theories of the seat and origin of diseases. It requires that the symptoms shall be collected and compared with the materia medica every time a prescription is made, and that the drug that has produced symptoms most similar to those of the patient shall be chosen and given." "This," adds the editor, "is a true homœopathic prescription."

Homœopaths do not claim to have discovered anything new in chemistry, anatomy, surgery or obstetrics, or to differ in their views of them from those of our own profession. They acknowledge that, until recent years, all the knowledge they possessed of them was derived from general medical and scientific literature. The only works on surgery published by them in the English language is a minor surgery, and a manual of surgery by Gilchrist, and a system of surgery by Dr. W. F. Helmuth, of New York. In obstetrics there is but a single volume issued—"Obstetrics and the Diseases of Women and Children, by Dr. H. N. Guernsey, of Philadelphia," in 1869. Anatomy seems to be entirely ignored, as on this branch there is no publication of any kind. In physiology they accept the teachings of the prominent physiologists of the day, except on such points as militate against their law of similars. It is only in therapeutics, materia medica and practice that they claim to be original. How far they have progressed in therapeutics may be surmised from the following article, in a late number of the *Homœopathic Medical Record*, by Dr. J. C. Peters. He says: "All the great modern advances in therapeutics have been made in the regular school, which must be regarded as the newest, most progressive and by far the most scientific one. Homœopathy has made no advances in its own direction during the last twenty-five years, and must be regarded as an old, almost effete and dying system, which would long ago have ceased to exist, if its adherents had not adopted so much from the regular school."

Again, in a report made in 1882 by a committee of the "Central New York Homœopathic Medical Society," appointed to take into consideration the proffer of the New York Medical Society to consult with all legal practitioners, they state, among other matters, that "your committee find that the sole difference between the old school and homœopathy is in the administration of drugs for the cure of the

sick." It is therefore evident that in examining homœopathic remedies—the materia medica and application of which are indissolubly connected—we shall be investigating the very essence of homœopathy.

. Any substance may be used as a remedy if it has been proved to be homœopathic to a disease. The list of symptoms or effects belonging to each drug is called the *proving* of the medicine. To ascertain this, the drug is taken without any foreign substance mixed with it, and is administered to a perfectly healthy person—usually the prover himself, and as many of his friends as he can induce to join him in the experiment. The symptoms that follow are then carefully noted. This then becomes a homœopathic remedy for any disease that shows similar symptoms. For the poisons, they accept as correct the effects detailed in the standard works on toxicology—such as Taylor's—together with such as may have fallen under the notice of their own observers in cases of poisoning. These provings cover a great number of articles, and their literature is filled with the results thereof and the discussions thereon. They do not make any chemical or physiological examination of the proximate principles of medicines; neither is it deemed necessary to do so. The leading homœopaths are agreed that Hahneman never expressed any wish that his disciples should acquire any other knowledge of drugs than to know the symptoms produced by them; nor do his followers at the present day claim any necessity for further knowledge, except the advantages of general culture, and that the practitioner may go forth for his work without the cumbersome apparatus of books of reference.

There are three homœopathic pharmacopœias: Dr. Schwabe's "Pharmacopœia Homœopathica Polyglotta" is the accepted authority in Germany. Boericke and Tafel's "American Homœopathic Pharmacopœia" holds the same position in the United States, although both are issued by a private person or firm. The British Homœopathic Society has authoritatively published (1882) the "British Homœopathic Pharmacopœia" as the standard for Great Britain. The two former contain very similar directions for the preparation of their remedies, and differ in some minor methods from the latter; but as this has official sanction, its manipulations are the ones that will be described in this paper.

On examining these books, the first thing that strikes the attention is the difference in nomenclature between them and the U. S. Phar-

macopœia. Cinchona is called china, sulphate of quinine is chininum sulphuricum, chalk is calcarca, sodium is natrum, potassium is kalium, and mercury is mercurious. These, and others differing from ours, are the Latin names which were in use in Germany in Hahneman's time; and some of them are to-day officinal in the pharmacopœia of the German Empire. At the present time, a discussion is going on as to the propriety of changing these names, so as to conform to modern chemical and medical nomenclature.

Homœopathic remedies are prepared from vegetable substances by expressing the juice and mixing it with alcohol, in which the expressed plant has been steeped for some hours. In those that contain but little juice, or where they cannot be obtained fresh, the virtue is extracted from the dried article by percolation with alcohol. In each case the resulting tincture is made so as to contain the medicinal substance in the proportion of one to ten. These are the *mother tinctures*. Where they are made from dried plants, their strength is that of the majority of the tinctures in the U. S. Pharmacopœia of 1880; the only difference is, that in the latter some are made with alcohol and some with dilute alcohol. These mother tinctures are represented in scrip and in print by Greek letters; and from these are made what are variously named dilutions, attenuations or potencies. The first dilution is made by mixing one part of the mother tincture with nine of alcohol; the second, by adding one part of the first to nine of alcohol, and so on up to the sixth. These are made on the decimal scale, and to represent them an X is added to the numeral thus: 1X, 2X, 3X—first decimal, second decimal, third decimal. The second, fourth and sixth decimals will therefore correspond with first, second and third of a centesimal scale, in which the dilutions are prepared in the proportion of one to ninety-nine, and are marked 1, 2, 3, &c. The latter is the method originally used, and by many is preferred to the former. The dilutions of the mineral acids and soluble mineral substances are made with water. The metals and their insoluble salts are prepared by trituration. A grain of the substance is rubbed up with nine grains of sugar of milk to make the first trituration, a grain of this with nine grains more of sugar of milk for the second, and so on to the sixth. After the sixth decimal, the attenuation is commonly carried on by solution. A grain of the sixth trituration (third centesimal) is mixed with fifty drops of water, to which is added fifty drops of alcohol. A drop of this—the fourth

dilution—is added to ninety-nine drops of alcohol for the fifth, and so on. These sub-divisions are carried as high as the sixtieth decimal, and even higher. Above the thirtieth decimal, which is the decillionth part of a grain, the dilutions and triturations are designated as high potencies; and it is claimed that they receive additional power and efficacy from the rubbing and shaking employed in making them. To the development of this potency the name of dynamization is given. It is but just to state that some of their leading authorities reject these high attenuations; declare that it is a physical impossibility to sub-divide substances so infinitesimally, and assign the dynamization theory to the realms of spiritualism. However, an examination of the catalogues of their pharmacists indicate that there must be a large sale for these higher preparations.

The globules or pilules originally used by Hahneman are made of sugar of milk, or of sugar, and are immersed in the dilution to absorb what little of the medicine can be taken up. These are necessarily of an indefinite strength, and are not in favor with the mass of the profession, except as suitable for children. Besides these, their pharmacists prepare tablets of sugar of milk, which are medicated in the same manner.

In a system of materia medica where the strength of the preparations of a drug may vary from unit to its decillionth part, or even higher, it may be inferred that the dose must vary greatly, according to the bias of the views of the practitioner. Hahneman, when he originally promulgated his peculiar system, seems to have used full doses, and speaks of administering from one-fifth to one-half grain of opium, thirty to forty grains of camphor, and half drachm to drachm doses of cinchona. From the years 1799 to 1828 he gradually diminished the doses by means of his attenuations, until, at the latter date, he began to advocate the use of the high potencies above the thirtieth decimal, and continued to do so until his death, in 1843. These infinitesimals are not approved of by the best educated of homœopaths; indeed, some of his followers are uncharitable enough to accuse their great apostle of imbecility, senility and dotage in his later years. At the present day this school is divided into two parties, advocating respectively the high and low potencies. Their journals are filled with long, and often ludicrous, dissertations upon these points, which at times assume a bitter and acrimonious character. Many frequently give the mother tinctures themselves, which, as was

previously mentioned, correspond in strength to the tinctures of the U. S. Pharmacopœia; and there seems to be nothing to prevent any homœopathic physician from giving the same doses thereof as the regular school, except the dread of being considered too much of an "allopath," a morbid fear of which pervades all their literature.

It is a cardinal rule in homœopathy, as laid down by Hahneman, that each medicine is to be given singly, and must never be combined with another one. He and his immediate disciples directed that one dose should be given and its effects noted before it should be repeated, without any regard to the time intervening. While homœopaths generally follow the plan of the administration of but a single drug at a time, very many of them give two remedies, alternating the one with the other, at varying intervals of two or three hours. This, however, is a question of dispute among them, the strict constructionists, or high potency advocates, claiming that the adherence to the one-at-a-time method is the only true and proper plan.

There are nine remedies that stand pre-eminent in homœopathic estimation, viz.: aconitum, arsenicum, belladonna, bryonia, mercurius, nux vomica, phosphorous, pulsatilla and sulphur. Estimating their efficacy by the number of symptoms they produce, sulphur holds the highest rank, as Hahneman professed to have observed, or accepted of the provings of others, 1,969 symptoms, a number greater than that of any other drug. He affirmed that all chronic diseases were due to two great constitutional causes. One was syphilis, to which he assigned one-eighth of them. As psora or scabies, in his day, was a very common disease, the true nature of which was then unknown, he attributed it to a constitutional cause, of which the skin eruption was but one of its manifestations. To this diathesis he gave the name of *psoric*, and assigned to it the remaining seven-eighths of chronic diseases. Unfortunately for this theory, the discovery of the *sarcoptes scabei* and *phtheiriasis pediculi*—the parasites which produce itch—destroyed the foundation upon which it had been built. Nevertheless, his followers have generally accepted the psoric theory of disease. Sulphur is the remedy with which they combat skin diseases and others classified under this head. In scabies they now allow of its external application; but in all other cases it is to be used internally, in doses from any of its dilutions.

Phosphorous, according to the homœopathic vocabulary, has a pathogenesis of 1,915 symptoms. The primary solution is prepared

with absolute alcohol, or equal parts of this and ether, so as to be of the strength of the third decimal (3X), containing the one millionth of a grain. It is given as a nerve stimulant; also in diseases of the genital organs, of the alimentary canal, and in pulmonary consumption. It is administered in doses as low as the one hundredth of a grain, and from that to the highest potency.

Under the name of mercurius, are embraced most of the ordinary preparations of mercury. Added to these, are two of their own invention. One—mercurius virus—is a trituration of metallic mercury with sugar of milk, and is analogous to hydrargyrum cum cretæ of the U. S. Pharmacopœia. The other—mercurius solubilis—is made by dissolving quicksilver in nitric acid, and precipitating it with aqua ammonia. All of these are extensively employed by homœopaths; indeed, one of their leading authorities says: "Few medicines are so frequently in our hands, and in none have we more confidence." Mercurius is considered a specific in syphilis, and is given in the low triturations even by advocates of high potencies, but not in sufficient quantities to touch the gums.

The remainder of their nine leading drugs have been so frequently dwelt upon in our own literature as to need no further notice, except in the case of pulsatilla, which has assigned to it a pathogonesis of 1,155 symptoms. It is a tincture of the whole herb of pulsatilla nigricans or nuttaliana, and is given for almost everything—for dyspepsia, rheumatism, gout, affections of the veins, eyes, genital organs, and even to *parturient women to rectify false presentations of the child in labor*.

There are some medicines obtained from the vegetable and animal poisons that are peculiar to homœopathy. Under the name of rhus, they group the rhus toxicodendron, swamp sumach, rhus radicans, poison ivy, and rhus venatæ—poison ash. These are prepared for use in the usual way, by making a tincture and then by dilutions. Rhus is recommended in skin diseases: in rheumatism, as an antityphoid remedy, and in acute suppurative processes. The dose is from the first to the third decimal, except for rheumatism, in which the higher dilutions are administered.

Apis is the poison of the apis mellifua, or honey bee. It is made in three ways: by triturating, with sugar of milk, the whole bees, dried after killing them in a state of excitement; by macerating their hinder parts in alcohol, and by making a solution of the virus itself in

glycerine or alcohol. It is employed in erysipelas—both constitutional and traumatic—diphtheria, scarlatina, œdema of the tongue and glottis, and in urticaria.

The most singular of this class of remedies is *lachesis*—snake poison. Included under this head are the poisons of the viper—lachesis trigonocephalus; the rattlesnake—crotalus horridus; cobra—naja tripudians, and the vipers redi and torva. Medicines are made from these by collecting the poisons and triturating them with sugar of milk, or by dissolving them in glycerine. The sixth centesimal is the lowest dilution employed. It is considered to be applicable to the cure of cardiac troubles, yellow fever, internal hemorrhages, traumatic gangrene, septicæmia and malignant spotted fever.

Opium and Peruvian bark are the stumbling-blocks in the homœopathic path. Acknowledged by the world—professional and non-professional—to be the two great remedial safety-anchors of the human race in its progress towards civilization, they have never been able to fit them to their law of *similia similibus curantur*, nor to produce any evidence that their infinitesimal doses were of any use, save to show the absurdity of their doctrine. Their law of similars requires that medicaments of vegetable substances should be made of the whole plant, and this necessarily excludes the alkaloids of morphine and quinine from genuine homœopathy.

Opium is classed among their remedies; and a tincture, with its triturations, is directed. Their writers on materia medica and practice ignore it as much as possible. The ablest one—Dr. Hughes, Professor of Materia Medica and Therapeutics, in the London School of Homœopathy—in a work styled "A Manual of Pharmacodynamics," published in 1880, says: "To use opium, therefore, to compel sleep, to allay pain or spasm, and to check excessive secretion, would, with us, be only tolerable when we had no similarly-acting medicine on which we could rely for the purpose; and even then we should feel it a question of grave consideration, whether the remedy or the disease constituted the greater evil." It is claimed to be homœopathic to lead colic, delirium tremens and apoplexy, but none of them think it worth while to name the dose.

Under the name of China, is placed cinchona or Peruvian bark. Hahneman experimented with it by his method of provings, and reported it to be homœopathic to certain unimportant diseases not necessary to name here; but to malarial fevers he found that it was

not only inapplicable, but he attributed to cinchona poisoning all the sequelæ which are now known to be the result of miasmatic disease, when let alone or inefficiently treated. This was the accepted doctrine so late as 1862. In a work on the theory and practice of medicine, by Arthur Lutze, a high German authority, translated in that year by Dr. Hempel, of New York, quinine is denounced, and, in a repertory of intermittent fevers, he gives a table of thirty-nine drugs whose symptoms are similar and appropriate to the cure of these fevers and their complications, of which seventeen are devoted exclusively to the treatment of the overdose and abuse of cinchona and quinine. But the world had moved. Miasmatic countries have been explored, and settled by the aid of cinchona. Armies have made successful campaigns on a diet of quinine sanctioned by governments. By it, Livingstone and Stanley were enabled to traverse the deadly regions of central Africa. These were facts that could no longer be ignored; consequently, in Hunt & Marcy's "Homœopathic Practice of Medicine," published in New York in 1865, we find that the power of quinine as a prophylactic against malaria is acknowledged, and its employment in intermittents assented to, with the reservation that "calisaya bark is superior to quinine in all bilious fevers, possessing powers very different. Half-grain doses have always, in our hands, proved effectual." Dr. Lillienthal, of New York, in a volume on homœopathic therapeutics, published in 1879, approves of cinchona "in fevers with regular type, complete intermission and regular paroxysm of chill at the same hour." Finally, in 1880, Dr. Hughes, of London, in his book previously mentioned, says, under the head of cinchona: "The testimony to its efficacy in malarial poisoning in whatever form it may assume is loud and uniform. To begin with it is an almost certain prophylactic. Its use renders possible the penetration into certain regions which would otherwise be deadly to the traveler. Then it is no less beneficial, whatever be the type of the malarial fever—whether intermittent, remittent or continued." It is curious that these writers refrain from naming the appropriate dose of cinchona and quinine for malaria, seemingly content to enlighten the student of their literature with glittering generalities, and a caution that large doses are dangerous.

The "American Homœopathic Pharmacopœia" contains 780 remedies. These, with their many dilutions and potencies, greatly exceed in number the 997 preparations of the U. S. Pharmacopœia. The

number of pharmacists in the United States to prepare and distribute these cannot be ascertained; for, while ten years ago the business was concentrated in a few hands and confined to the larger cities, their number has recently greatly increased, and they are now extending to the smaller cities and large towns. The homœopathists claim that the number of their practitioners in this country is 10,000—being nearly one-fifth of the whole number of physicians enumerated in the census of 1880. As it is their custom to carry their medicines with them, it is evident that only a small percentage of these can be used by the individual prescriber, and that the increasing demand which multiplies pharmacies comes from the public who are rapidly learning to use homœopathic remedies.

HADDONFIELD, N. J., April 21st, 1884.

CAPE MAY COUNTY.

To the Chairman of the Standing Committee, &c.:

There has been but little difference in the general health of the people from former years; indeed, we seem peculiarly favored as to the amount of sickness and in the fatality attending it, for if you will examine the statistical reports of the State Board of Health, our death-rate will be found below any county in the State. The usual diseases have prevailed during the different seasons. No severe epidemics of any character, but about the usual amount of different diseases endemic in this region.

Dr. B. T. Abbott, of Tuckahoe, reports "a moderately-severe epidemic of scarlatina during the latter part of the winter and spring of 1883, continuing until the month of May, many of the cases of marked severity with complications, the most severe of which was diphtheria; few, however, proved fatal. Many were left with troublesome sequelæ. During the fall and early winter it broke out again in a mild form, and died out during the winter.

We have also had a few sporadic cases of chicken-pox and measles, but nothing approaching an epidemic, and, as usual, some few cases of diphtheria. Some few cases of bilious remittent and intermittent and typhoid fevers, but less, on the whole, than any previous year during my practice in the county (eleven years)."

Dr. P. M. Way, of Seaville, writes: "We have enjoyed a year of general healthfulness in our township, what sickness we have had consisting principally of our ordinary endemic diseases. During the winter and spring, however, diseases of the respiratory organs have been more than usually prevalent, especially pneumonia and bronchitis; very few have proved fatal. Rheumatism has been rather more common than usual. Treatment with salicylate of soda has been uniformly successful."

Dr. I. M. Downs, of Cape May C. H., writes: "The sanitary condition of the middle township has been unusually healthy during the past year. No epidemic of wide-spread nature has appeared amongst us. During the latter part of summer and early fall, a slight run of scarlet fever prevailed on the bay shore, of a very mild character, and no deaths occurred. During the spring the usual influenzas, catarrhal pneumonia and acute bronchitis prevailed, the result of the protracted cold and damp weather; most of them easily and quickly thrown off when the subject was young and healthy; with the aged and infirm the recovery was more difficult and protracted. Cases of diphtheria have been rare during the year, only a few sporadic ones occurring; none fatal. Typhoid fever has been very rare."

In my own part of the county we have experienced the same general immunity from epidemics of every kind. A few sporadic cases of the exanthemata have occurred. A little whooping-cough, mumps and diphtheria, &c., but

not more than may be found any year. A few cases of typhoid fever, some of them very severe, but ending in recovery. The usual catarrhal troubles consequent upon a cold, damp winter and spring prevailed to some extent. The summer months were peculiarly deficient in the usual bowel affections in both children and adults. Influenza had quite a number of victims, but yielded readily to treatment. Intermittent and remittent fevers have been fewer than common. In short, the year past has been rather exceptional than otherwise, for the general health of the people in this county.

Dr. Abbott, in his communication, speaks of the apparent increase of malignant morbid growths in the coast counties of the State, and queries as to the cause. He also mentions as having occurred in his practice a number of cases interesting to the gynœcologist, but gives no particulars.

Dr. Downs relates an interesting case of "Granular Degeneration of the Omentum," in a man 67 years of age, running through a course of six years, and greatly puzzling his attendants by the different symptoms manifesting themselves at different times, and finally dying apparently of inanition, eating nothing of consequence for a month previous to his decease. It was probably a case of encephaloid degeneration of a cancerous nature. We had a very similar case in this part of the county, running over some four years. Post-mortem examination revealed the same condition of omentum, enormously thickened, and a solid mass of encephaloid disease.

We have had, in this city and vicinity, three cases of puerperal albuminuria during the past year, in which the kidneys ceased to secrete almost entirely. In two of them, convulsions followed, and in all three premature labor was induced—one at seven and one-half months,

one at eight months, and one at eight and one-half months. The child was born dead in the case unattended with convulsions. In the other two the children were both living—one a boy and the other a girl, and are nice, growing children, as likely to live as any. The mothers all recovered without any very untoward symptoms.

We had also, some time ago, a case of twins with a double uterus. Children born about four hours apart—the first with a natural, easy labor, and the other by podalic version. One child perished on third day with hemorrhage of the umbilical cord, and the other is a fine, healthy, growing boy, bearing the name of your reporter.

We have, as yet, no medical society in this county to greet the State Society at its meeting in this place in June next, but I trust the reception by the physicians of the county will be so hearty that the absence of a regular organization will not be felt; and I am happy to say that the preliminary steps have been taken for the organization of a county society, and an application will be made to the State Society, at its coming meeting, for the requisite authority so to do, so that hereafter we may be represented by a regular delegate and have a regular reporter, who may discharge his duties much better than I have ever been able to do.

VIRGIL M. D. MARCY.

A Case of Internal Abscesses.

BY DR. G. G. CARLL, OF DENNISVILLE.

The wife of ex-Senator R. L. L., fifty-six years of age, was taken sick on the 15th of last December. She was first taken with severe pain in the abdominal region, which was most acute along the right side. This continued until a general peritonitis seemed to be aroused. The pain extended to her right shoulder, and was so excrutiating that

I was obliged to subdue it with frequent injections of morphia. On the same side, just anterior to the lumbar region, now appeared a spot about the size of the top of a small teacup, rather oblong in shape, and extended, I thought, towards the centre and left side of the abdomen.

The case now presented an alarming appearance. The intense sufferings of the patient continued, with now and then quite a perceptible chill. Prof. Penrose was called in consultation. By the time of his arrival the tender spot could be felt very perceptibly, and was diagnosed by Dr. Penrose as an abscess in the region on the line or in the folds of the colon. It was his opinion that the case was liable to prove fatal, should it rupture without gaining an external outlet in some way. The case continued in this condition for nearly a week longer, when the abscess opened into the colon and was discharged per anum. We looked upon this event as very favorable, and anticipated convalescence soon, but instead, our patient passed into a low typhoid state. The tongue took on a dark, dry and cracked appearance. The right parotid swelled to an enormous size, and eventually had to be opened. Symptoms of hemorrhage from the bowels were observed. The small amount of blood that was passed I presume came from where the ulcer ruptured into the colon. She continued in this state for about eighteen days, during which she was delirious, imagining herself away from home in a distant part of the country, and was constantly beseeching me to return her to her home and friends. She would call for her slippers and dress, and make great exertions to get out of bed, and then pass into a low, muttering delirium, with her head constantly rolling from one side to the other and with her arms in continual motion. From this condition, however, she railied, and her prospects seemed to brighten. Soon the pain returned in the left side, and I detected another oblong tender spot, about as near as I could tell, two inches above the first. Now I will not attempt to go through with all the symptoms that attended the progress of the second abscess, as they were very nearly or quite the same as in the first. It fortunately broke into the colon again, and was discharged through the bowels. The patient, as before, passed into the low typhoid state, with the dark, dry and cracked tongue and with the wandering of mind. The parotid gland again suppurated and was opened. Thus she remained about sixteen days, when she again rallied and seemed to be in a fair way to convalescence. She improved just so far and then stopped.

She complained most of the time now with dull, heavy pain in her right hypochondriac region, particularly when she laid on that side. We examined the parts carefully, and could not detect anything wrong in the lung by auscultation and percussion. It seemed too high up for the liver. Finally we located the trouble, whatever it might be, between the lower surface of the diaphragm and the upper surface of the liver. Prof. Penrose first held the opinion that it was located above the diaphragm, but afterwards decided it where I have mentioned. She continued in this condition for nearly four weeks, when she began suddenly to raise large quantities of very offensive pus through her right lung—so offensive that the assistants were unable to stay in her room with any comfort. The room was well ventilated, and every precaution taken to keep the air pure. This expectoration continued between six and seven weeks, when it began to be less offensive and smaller in quantity. During this time her mind was, as far as I could see, perfectly clear; her memory only seemed to be deficient. She could not remember the time of day when told, nor the day of the week. She had no typhoid symptoms; her tongue had a healthy and moist appearance; her stomach and bowels acted naturally; her lower limbs were slightly œdematous. From this time sunshine began to come in, and lessened the burden of anxiety I had carried so long. Her appetite slowly improved and convalescence gradually advanced. To-day (middle of May) is five months since she was first taken. She is able to walk over the house, and rides out on pleasant days in a comfortable carriage. I will here say that her pulse ran, during her typhoid stages, at or near 110°, and her temperature between 103 and 104. During the discharge of the last abscess it was not quite up to the normal, with her pulse ranging from 80 to 96.

The treatment was conducted on general principles. Her pain was relieved, of course, with morphia, given both hypodermically and by the stomach. In the typhoid states she was given the oil of turpentine internally, with turpentine stupes and warm fomentations applied freely to the abdomen. Brandy punch, beef tea and quinia sulph. given at proper times. During the last stage, or the raising of matter through the lungs, quinia from 8 grs. to 12 grs. a day, tinc. ferri chlorid., comp. tinc. iodin., and tinc. iodin. externally, with the best French brandy, allowing her to eat any kind of food for which she had a desire, and as much as she wished, as nothing seemed to disa-

gree with her. Beef tea was freely used when she would take it, and large quantities of new milk and of buttermilk most all the time. Thus the case was conducted to what I think will eventually be a favorable termination.

A Case of Double Uterus.

BY VIRGIL M. D. MARCY.

Was called at 2 o'clock P. M., March 10th, to attend Mrs. M. in her third confinement. She was about 35 years of age, large and fleshy, weighing about 190 pounds. Her former labors were somewhat difficult and tedious. On my arrival, found the pains active and strong, and a digital examination disclosed an os very nearly dilated, relaxed and dilatable. In a short time ruptured the membranes, and by 3.30 P. M. she gave birth to a male child, weighing about five pounds. After the birth of child, found the abdomen but little diminished in size, and at once examined for another child. The fingers failed to reach a child or to explain the cause of an enlarged uterus. Nor did an external examination solve the problem, as there was no motion of child; nor could palpation discover the outlines of one, the amount of adipose tissue interfering. There was great tenderness over the whole abdomen, from the amount of stretching of the tissues as well as of the genitals. There being no hemorrhage, decided to wait a while for further developments. At 7 P. M., there being no further action of the uterus, on consultation with Dr. James Mecray, we decided to ætherize and make an exploration of the cavity of the uterus, and at the same time remove the undelivered placenta. On carrying the hand up to the fundus following the cord, it came in contact with another child, high up on the right side of the mother, but separated from the band by a septum, so that I could not touch the fœtus. On withdrawing the hand slowly, the fingers resting on the septum, about one-quarter of the distance from the os to the fundus found an opening, which proved to be a second os. Passing the hand through this, it came in contact with the head of a child, the waters having escaped previously. Secured the feet, turned and delivered the child; both males, and both living. Before she came out from under the anæsthetic, removed the placenta from first one uterus and

then the other, it contracting on the hand in removing the second placenta. She had a reasonably good convalescence. On the third day after birth, the eldest child perished from hemorrhage of cord and umbilicus, ligatures and stypties failing to control it. The other survived, and is a fine, healthy, growing boy.

A Case of Encephaloid Disease of the Omentum.

BY I. M. DOWNS, M. D., CAPE MAY C. H.

Mr. S., aged 67 years, had been confined to the house, and a great part of the time to his bed, for the past six years. The examination of his case had caused a number of physicians to give various opinions. Palpitation and distress in the region of the heart at one time would seem to establish the opinion that some organic disease of that organ was the cause, although no very distinct murmurs could be detected. Marked symptoms of indigestion—such as pyrosis, vomiting of food and general uneasiness after eating—would point at other times to the stomach as the seat of the trouble. For a short period at one time, acute mania confused the diagnosis, and led the attention naturally to the brain as the probable seat of the trouble. During the whole time of his sickness, a distinct soreness existed in the abdomen, with some little enlargement and hardness between the pubis and umbilicus. No ascites of any amount ever existed in the history of his case, although at times a slight accumulation of fluid could be detected on each side of the abdomen, low down, when he lay on his back. The soreness and fulness was examined from the first, and was supposed to be a tumor of a malignant type, connected with either the liver or stomach; but as it did not perceptibly increase in size, and the number of years passed in which tumors of a malignant growth prove fatal, this opinion was abandoned. Two or three attacks of hemorrhage from the lungs complicated his case. At various times in his history, in this way six years of life were passed under the influence of various drugs. Morphia was used only moderately; digitalis, in small quantities, appeared to give the greatest amount of relief and satisfaction to the patient. There was no swelling of the extremities or very serious cough, and no expectoration, during the last year of his life. The matters vomited consisted of a large quantity of yellow, bilious matter, without any admixture of

food whatever, about one pint constituting the quantity, and at intervals of about three weeks. Much relief would be experienced after the evacuation of the stomach. The bowels were alternately constipated and loose, and when loose, the dejections appeared to consist of the same material as that vomited. No affection of the liver could be discovered by the closest examination. The patient died from clear exhaustion, as the appetite failed entirely one month before his end.

A post-mortem examination was made twenty-four hours after death. On opening the abdomen, a small quantity of fluid was found in the peritoneal sac; liver, normal in size and healthy in structure; stomach contained about one pint of dark-yellow fluid, such as was frequently vomited; coats of stomach on lower and anterior surface highly congested, and evident signs of chronic gastritis, but no ulcers observable. The omentum was found to be the seat of the trouble that had affected him so long. It was enormously thickened, especially on the left of the median line, very granular, and much broken down in its condition. This extended to the stomach, the external coat of which was in much the same condition, and corresponded with the red and inflamed mucous membrane of that organ. The kidneys were normal; the heart was very much atrophied, but no valvular disease could be detected; the lungs were normal. No microscopic examination, I am sorry to say, was made of the growth, and it was decided to be one of granular degeneration of the omentum. The length of time the patient lived with this affection makes it one of remarkable interest. That it was cancerous, was strongly supposed at the time of the post-mortem, the length of time the case continued being the strongest argument against this presumption, although the complexion and general cachexia were cancerous.

CUMBERLAND COUNTY.

To the Chairman of the Standing Committee, &c.:

During the past year the number of deaths in Cumberland County was 14.59 per 1,000, while in 1882 it was 20.94, so that the amount of sickness was evidently much

All our physicians believe that tobacco injures the nervous system, aggravates cardiac disease and, as Dr. H. W. Elmer says, it does much injury to throat and chest affections, and makes neuralgic and dyspeptic conditions a great deal harder to treat.

An opinion was requested of the profession respecting the mental force and power of the drunkard's offspring, as compared with those in the temperate. One says the drunkard's nerve centres are weakened and are incapable of imparting a more healthy tone than they possess. Dr. H. W. Elmer says intemperance alone is a bad factor in a parent; and if to this be added a scrofulous cachexia or a venereal taint, the offspring will be the degenerate plant of a bad vine, and must yield before the superior forces of more healthy physical and mental organizations.

The summer complaints of children were less severe than usual, and the mortality less by 24 per cent.

It seems the compilers of our mortuary statistics class croup and diphtheria under one head. This may save thinking, but surely it does not assist scientific classification. All physicians know that numerous cases of diphtheria have no croupal qualities whatever; also, that thousands of cases of croup have no diphtheritic characters at all, either when mild or fatal. This is certainly a serious defect, and no amount of authority or number of years of following the practice can make the habit a valid one.

Taking our statistics as a guide, it is surely very gratifying to notice the steady decline in the number of fatal cases of phthisis in our county. Last year it was 90, while in 1879 it was 160; and the number has continued on a constantly-decreasing scale to the present.

The weather statistics from May, 1883, to May, 1884, will be found as follows, and are believed to be accurate:

1883.	Temperature. Max. deg.	Min. deg.	Mean. deg.	Rain and Melted Snow.	Rainy Days.	Hygrom.
May	84	34	[illegible]	1.80	5	90
June	[illegible]	[illegible]	[illegible]	3.72	[illegible]	71
July	[illegible]	[illegible]	[illegible]	3.52	8	67
August	[illegible]	[illegible]	[illegible]	2.00	[illegible]	61
September	84	[illegible]	[illegible]	[illegible]	8	72
October	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	—
November	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
December	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
1884						
January	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
February	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
March	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Summary				[illegible]	[illegible]	[illegible]
Mean			[illegible]			[illegible]

[illegible]

ESSEX COUNTY.

To the Chairman of the Standing Committee, &c.:

Far less sickness than usual is the universal report from all sections of the county. Especially is this true of the last two months. Many physicians have almost "nothing to do," and even those who are the busiest have more leisure than usual. Whatever other causes there may have been, one cause is quite generally and, perhaps, correctly assigned, viz.: a steady cold winter and an unusual depth of snow, which covered the ground continuously during January and February.

The following table is a summary of the meteorological records made at South Orange, for the year covered by this report:

1883	Temperature. Max. deg.	Min. deg.	Mean. deg.	Ave. 15 yrs. deg.	Rain and Melted Snow in Inches.	Aver. Rainfall for 15 yrs.	Depth of Snow in Inches.
May.....	84	42	59.77	60.90	2.49	2.91	..
June.....	90	52	69.78	70.06	5.50	3.16	..
July.....	92	59	77.32	73.76	2.23	4.50	..
August.....	90	50	68.09	71.58	2.50	5.07	..
September ..	84	44	61.53	63.69	4.80	4.23	..
October.....	84	34	52.30	53.41	5.	3.53	..
November...	72	18	42.66	40.38	.95	3.36	..
December...	54	1	31.55	28.99	4.06	3.88	26
1884.							
January.....	44	4	23.83	28.21	6.	3.86	20.
February....	58	4	33.16	30.16	4.85	3.88	9.
March.....	64	4	36.37	36.38	4.28	3.90	5.
April.....	76	32	48.	48.25	2.35	3.08	0.5

There were fifty days of sleighing during the winter, while the average is only twenty-six and one-half. The total depth of snowfall was fifty-five inches. The average for fifteen years is only thirty-eight and one-half.

Owing to some local causes, there were more cases of

diphtheria in this vicinity than usual during the winter; and many of these cases were of the most malignant form. The mortality was, therefore, unproportionately large. The extension of the membrane into the larynx and trachea was of frequent occurrence. Tracheotomy was often done and, except as affording temporary relief, was uniformly unsatisfactory. I have, however, one case which promises to be an exception. It is now one week since the tube was inserted, and the child (two years old) is almost well.

Typhoid fever, which prevailed quite extensively one and two years ago, has been of rare occurrence. There have been no epidemics of any of the eruptive fevers. Scarlet fever and measles have occurred in a few localities, but have shown no disposition to spread. The rheumatic affections have been spoken of by many physicians as being of rather more frequent occurrence this spring than usual. Such testimony is in accord with my own experience. While these cases are seldom of the acute grade, they seem to require pretty full doses of the salicylates.

Iodoform as a dressing for wounds has held sway in the hospitals for over a year. It is now giving place to a more fashionable, and certainly more agreeable disinfectant, viz.: the bichloride solution (1 to 2,000). This latter preparation has also been used satisfactorily as a spray for the throat, in the treatment of diphtheria.

Among the things that are new is rectal anæsthesia. It has been tried thus far in only two cases in our hospitals. In each of these cases the apparatus was rather hastily extemporized, and allowed escape of the ether. There was, therefore, a waste of time and material.

Case 1. At Memorial Hospital, Orange; service of Dr. Wm. Pierson; male, æt. 25; amputation of finger for gangrene; traumatic; anæsthesia produced in eighteen

minutes; ether continued thirty minutes; no vomiting; circumference of abdomen increased three inches by distension with ether gas. During the next two or three days, fever; temperature, 102° to 105°; very frequent bloody passages and great prostration; grave fears for the patient's life; ultimate recovery.

Case 2. In my own service at St. Barnabas' Hospital, Newark; child, æt. 3 years; genu valgum; osteotomy of tibia; time, forty-five minutes; quantity, ℥iv; partial anæsthesia; slight vomiting; considerable prostration for several hours; no bad after-effects.

Watching these two cases, and reflecting upon others reported, we may summarize the advantages and disadvantages of this mode of administration as follows:

Advantages—

(1) No disagreeable sense of suffocation.
(2) No subsequent nausea.
(3) Operations on the face unimpeded.

Disadvantages—

(1) The danger of giving an overdose. Large quantities of the gas may be retained in and absorbed by the intestines after the withdrawal of the rectal tube.
(2) The prolonged subsequent prostration.
(3) The frequent occurrence of severe intestinal irritation.

It is perhaps too soon to say that these objections are insuperable; but, unless some way to obviate them is speedily devised, the era of rectal anæsthesia will be short.

Dr. Chambers, of East Orange, reports that "the health of East Orange during the past year has been exceptionally good. There has been no prevailing dis-

ease. Malarial and diarrhœal diseases have not been prominent, notwithstanding the fact that for the past five months the ground was literally soaked with water. Many cellars contained water, and not a few wells were contaminated from cesspools. Three hundred and fifty families are supplied by the water company, and the necessity for sewerage is becoming felt."

Dr. Whitehorne, of Verona, writes: "During the past year the health of the township of Caldwell has been remarkably good. No epidemic of a serious nature has prevailed. Measles in a mild form was imported into the district of Fairfield in the latter part of February, from Paterson, and was very general. There has also been a good deal of whooping-cough, together with follicular tonsillitis. During the winter months pneumonia, in a catarrhal form principally, was frequent; but the great feature characterizing all the foregoing has been their comparative mildness. I have not heard of any diphtheria or scarlet fever. Diseases of a malarial type have been infrequent.

"In this connection I would like to call your attention to the present condition, hygienically speaking, of the Newark City Home, located at Verona, in which there are domiciled about 180 children. Up to the beginning of last fall, a large portion of the water drank by the inmates was furnished by a reservoir largely supplied by surface drainage, the water being pumped up into the building, and distributed from a large tank in the top of the building. As a consequence, it now seems, malarial disturbance was frequent, evinced in the shape of mild forms of intermittent and remittent fevers, they proving generally amenable to treatment, but the former being prone to recur again and again in the same individual. There were also a number of cases of digestive disturb-

ance, principally nausea and vomiting, which often proved quite tedious, and were the cause of a good deal of suffering. In order to increase the amount of water available, the Superintendent—Mr. C. M. Harrison—made a 'series of tests upon elevated ground west of the Home, and found underneath a bed of drift material, varying in depth from eleven to eighteen feet, a stratum of gravel, which rested upon another of impervious clay. The latter varied in depth from three to five feet; the former, from six inches to three feet. The gravel stratum was water-bearing; and where the greater depression was found in the clay beneath, there was found the greater depth of gravel, and more marked indications of water. A well twelve feet in diameter was sunk to the depth of twenty feet, which, in the latter part of July, yielded over 1,000 gallons of water daily. Encouraged by this showing, the committee in charge, of which Dr. Ill was chairman, concluded that it would be well to uncover the gravel stratum for a distance of one hundred feet both south and north from the well. This was accomplished by ditches three feet wide and from fourteen to eighteen in depth. The portion to be utilized for water supply was walled up and covered with a mortar made from cement. Owing to the irregularities of the clay bed, a second well became necessary. Into these the underground conduits convey the water collected from the section above described. The flow of water from these sources is more than ample for all the wants of the institution during the greater part of the year, and the water itself is singularly pure and soft.'

"The above is an extract from the Superintendent's annual report. Since beginning the use of the new water supply there has not been a case of illness which seemed traceable to malarial poisoning, nor have there been any

of the old cases of nausea; and this extending over a period of six months. These facts, taken in connection with others which have been adduced of late by different observers, seem to indicate that the ingestion of surface water, charged as it is often necessarily with organic matter in solution, is a potent factor in the creation of the various forms of so-called malarial disorders."

Dr. J. J. H. Love, of Montclair, writes: "The health of this township during the past year has been better than it has been for any similar period during the past twenty-five years. We have had no epidemics of any kind, except that during the early summer of 1883 whooping-cough prevailed in certain localities, and during the past winter, in the northern portion of the town, measles of a mild type ran through the families whose children attended the district school located in that vicinity. Winter set in in earnest about the 20th of December, and we had steady cold weather, without any thaws, until February 5th. This low range of the thermometer for so many weeks, with little change, was very favorable to the public health. We had fewer cases of disease of the respiratory organs than for many years. Since that time the majority of the cases coming under my observation were rheumatism and diseases of a rheumatic origin. Malaria and malarial diseases have been unknown, except in a district of territory in the northern part of Bloomfield township, through which runs the Morris canal. Cholera infantum and diarrhœal diseases were exceptionally few last summer and fall. I have come to believe that the mothers of to-day have learned to feed more intelligently their infants than they did twenty years ago. I have no peculiar views to present in regard to the causes or the cure of epidemics. I believe that contagious diseases can—by isolation, by the

proper use of disinfectants, by attention to cleanliness in the bedding and clothing of the sick and attendants, and a strict and eternal vigilance on the part of the attending physician—be, in a great majority of cases, confined to the house in which they break out—almost, I might say, to the first patient or patients taken down."

Dr. Love also makes some statements of interest which were called forth by recent discussions on puerpural fever. "Some years ago I had, within a few weeks time, five cases of puerpural fever in different parts of the township. Three of the cases died, notwithstanding proper antiseptic means were used from the beginning, and the medication had been large doses of quinine during the intermissions, and acid mixtures, anodynes, &c., when required during the exacerbation of fever. I then made an entire change in my clothing, using antiseptic baths for myself frequently, and refused to attend any cases of labor for a month. The two remaining patients were put on the salicylic acid treatment. The results were satisfactory, the patients making a complete recovery. Whenever now a case of puerpural fever begins to show itself I begin the use of *salicylic acid*, and invariably with good results. I continue the medicine for several days after all signs of the fever have abated."

Dr. McDermott, of Newark, writes as follows: "During the autumn and winter months I met quite a number of cases of scarlatina and diphtheria and diphtheritic croup. These diseases were sporadic in character, occurring here and there at different times. There were few deaths from either scarlatina or diphtheria, except where the latter invaded the larynx. Of the causes of death among children, beginning with the autumn months, up to the present, the most frequent, as far as my observation extended, was due to laryngeal stenosis or obstruction.

T. R. Chambers; "A New Mode of Malarial Poisoning," by Dr. J. W. Stickler, and "Chorea," by Dr. J. H. Clark.

WM. J. CHANDLER, *Reporter.*

SOUTH ORANGE, May 14th, 1884.

CHOREA.

REPORTED BY DR. J. HENRY CLARK, HOUSE PHYSICIAN, ST. BARNABAS' HOSPITAL.

The following is a brief review from the history of a case of chorea admitted into St. Barnabas' Hospital in February last, which presented features of particular interest, mainly because of its abrupt commencement, and the fact that the disease was severe and general from the first.

February 10th, John M., 7 years old, has never been in very good health—always needing attention. Nothing unusual has been noticed regarding his health until two weeks ago, when, on returning from school one day, he was observed to be fretful and fidgety, with singular muscular actions about muscles of face, growing abruptly worse—so much so, that in *twenty-four hours* the choreic movements became general, involving alike the muscles of the neck and face, upper and lower extremities, the severity and persistence of the muscular actions depriving the little patient of rest, the convulsions becoming so severe, with but momentary intermissions, that but very little sleep could be obtained. The appropriate remedies were administered at home (bromides, arsenic and morphine), but without receiving response or abating the severity of the disease. The surroundings of the home being such as to forbid extensive treatment and proper nursing, the case was sent to the hospital.

Admitted two weeks after beginning of attack. Moderately well-nourished, pale, anæmic child. Face and head scratched and lacerated from finger-nails. The choreic movements are constant and general, as has been stated. Grimaces and distortions of the features. Speech is slow, thick and indistinct, and mastication and deglutition are difficult. Can only be fed by spoon, and very little at a time. Cannot stand upon his feet; can only lie or sit up, when held, in bed. Bowels have not moved for two days. Takes what nourishment is

given, seemingly with a relish. Convulsions are still so violent, and the intermissions so short, that marked prostration and exhaustion are produced. Urine is passed much in excess in amount.

Treatment.—Admitted 10 A. M.; ordered hot mustard bath; enema, warm water and soap; ℞. Ward morph. (U. S. P.) 3j and M. chloral hyd. (gr. x) 3j at 11 A. M. and 3 P. M. At 6 P. M. no change in condition; has had no sleep; bowels have moved; ordered M. chloral hyd. (gr. x) 3i per rectum, 11 P. M.; half an hour later, same per orem.

Feb. 11. Slept and was quiet at intervals of an hour; had through the night, M. chloral hyd. (gr. x) 3j at 4 and 8 A. M.; ordered for the day, M. bromide (gr. x) 3j and Ward morphine (U. S. P.) 3ss 9. 2. h., brandy 3j 9. 2. h., and also liq. arsenite pot. M. V., ferri. et amm. citrate gr. viii, syrup, &c.; t. i. d. before meals.

Feb. 12. Passed a bad night; three or four violent convulsions, lasting each an hour; had but little rest; takes his nourishment well, which consists of milk, eggs and beef tea. Ordered for the day, Ward morphine (U. S. P.) 3j, M. chloral hyd. (gr. x) 3j, 9. 2. h., until quiet; repeat when necessary; brandy and "sf." M., same.

Feb. 13. Had a good night. Eight doses of the chloral and morph. were given up to 11 P. M. There is a marked improvement in the patient's condition this morning. Is quiet and controllable; muscular movements are not so strong or near so violent, and only occur at long intervals. Ordered for the day: diet, "sf." M. (arsenic, &c.,) and brandy, same; M. chloral hyd. (gr. x) 3j 9. 3. h; all *other* medicine stopped.

Feb. 14. Same as yesterday; passed a good night.

Feb. 15. Still further improvement. Ordered for the day: M. chloral hyd. (gr. x) 3i, t. i. d. (only); liq. arsenite pot. increased to M. vi; brandy, 3i 9. 2. h.

Feb. 16. Still more marked improvement this A. M.; slept through the entire night. Ordered M. chloral hyd. (gr. x) 3i h. s. (only).

Feb. 17. Doing well; increased liq. arsenite pot. to M. vij, t. i. d.

Feb. 18. Doing well; increased liq. arsenite pot. to M. viij, t. i. d., and chloral 3i, h. s. (only).

Feb. 19. Improving. Ordered M. chloral 3i, p. v. n. (only); increased liq. arsenite pot. to M. ix, t. i. d.

Feb. 27. Marked improvement; has not had chloral in three days, and only twice since the 20th inst.; eye-lids are little puffy; liq. arsen-

ite pot. reduced from M. ix to vij M.; eczema of edges, lids and catarrhal conj.; both eyes have been exosted for two weeks; have been corrected by the use of white salve.

March 3. To-day is noticed, on right buttock, a large, inflamed surface; center indurated; very painful; extending to inner aspect of thigh, and involving the teste, &c.; ordered large poultices. 9. 3. h.; otherwise, patient is improving; eye-lid very puffy; stopped arsenic entirely, and ordered Phillip's emulsion (opii. morrh.), Fellow's syr. *a.a.* 3j t. i. d., brandy 3ij 9. 2. h.

March 7. Doing well; abscess discharging; stopped brandy; other medicines continued as above; is able to feed himself; talks well and in all respects quite natural and normal.

March 12. Sits up; cannot walk. Ordered zinci sulph. gr. jss t. i. d.

March 17. Is to-day able to walk down the length of ward.

March 20. About all traces of the chorea have disappeared. Walks, talks, eats and plays around with ease, and is consequently considered cured.

March 22. Is to-day discharged cured, to be watched at office for few weeks.

May 1. Patient has been seen weekly since discharge from hospital and is completely cured, and in better condition than he has been since birth.

A New Mode of Malarial Poisoning.

BY J. W. STICKLER, M. D.

Several months ago I was called to see some children who had been ill several days. When I saw them they had slight fever, which the parents told me had been intermittent. I afterwards learned that the temperature never became much elevated above the normal. There was considerable loss of flesh, quite marked anæmia, and restlessness at night. Headache and lassitude were prominent symptoms. The father told me the children had been in the attic several hours during the day—in fact it had been customary for them to play in the attic whenever it was inconvenient to have them in the sleeping rooms of the second floor. I was asked if the tanks near which the children played could be a source of danger. When I inspected them I discovered in and upon the water what appeared to be vegetable matter.

It was without pronounced odor of a disagreeable kind. I advised the mother to clean the tanks, being careful to remove all the foreign matter which had collected. She followed my instructions at once, and very soon the children were restored to health. I afterwards examined microscopically some of the matter, and found it to consist of vegetable and earthy substances, together with many very small bodies, round and staff-shaped, which were very active. I am not prepared to say that these small bodies were the agents which gave rise to the sickness which developed in the children while they played near the tanks, but I can say that when they (the tanks) were cleaned the disease disappeared. A consideration of these cases seems to justify the conclusion that the air of the attic was so affected by the contaminated water as to render it capable of producing a comparatively mild form of intermittent fever.

ORANGE, May 6th, 1884.

[To those acquainted with the somewhat *inscrutable ways of children*, it will seem quite probable that the contaminated water not infrequently went directly into those little stomachs, and thus aided in producing the symptoms above described.]—*Rep.*

ANNULAR DISEASE OF THE EAR—A SEQUEL OF MUMPS.

BY DR. T. R. CHAMBERS.

The insidiousness of the attack and its gravity induced me to note the case.

Master R. H., 16 years old, fair health. Parotiditis began on the right side March 17th, reached its height in one week, and had partially subsided at the end of ten days. March 27, left testicle hot, swollen and painful. By April 4th the swelled testicle had resumed its natural form again, and patient begins to move around. Accidentally he finds himself deaf in the right ear.

Examination revealed no pharyngitis; eustachian tube permeable and drum normal. Seen by Dr. Kipp, who tested the patient with watch and tuning-forks placed between the teeth on right side of the mouth, upon the summit of the cranium and upon the mastoid. The right ear fails with all and every test.

April 30. Absolute deafness continues and, in addition, there is slight roaring and rumbling. The left ear is all right. The deafness was the first thing noticed, and quite accidentally. There was no pain nor other symptom ushering in the serious affection. The roaring is a later feature.

THE FALLACY OF THE LEGAL TESTS OF INSANITY.

BY P. V. HEWLETT, M. D.

The consideration of some of the medico-legal views at present held regarding insanity, and more particularly its legal tests in criminal cases, form the subject to which I would invite your attention in this paper.

It is not my purpose to discuss the pathology of the disease, or enter into any examination of the peculiar views which characterize it, but simply to consider, in a desultory way, some of the medico-legal questions arising from the diverse views on this subject that are held by the medical and legal professions. It is a singular thing that, notwithstanding the one profession is dependant upon the other, in order to arrive at any just conclusions respecting the facts on this subject, they both regard the whole matter from such different and antagonizing points of view as to retard any attempt to make them keep pace with the advance of knowledge on the subject.

Let us look for a moment at what the tests are, as laid down by the law, and their deficiencies as pointed out by the teachings of modern psychology. The tests as laid down in the case of McNaughton, who was tried in 1843, are conceded by all to represent the law, as recognized by almost every judicial tribunal. In brief, it reads as follows: "Notwithstanding a party commits a wrong while laboring under the idea he was redressing a supposed grievance or injury, or under the impression of obtaining some public or private benefit, he is liable to punishment. The jury ought, in all cases, to be told that every man should be considered of sane mind until the contrary was clearly proved in evidence; that, before a plea of insanity should be allowed, undoubted evidence ought to be adduced that the accused was of diseased mind, and that at the time he committed the act he was not conscious of right or wrong. Every person was supposed to know what the law was, and, therefore, nothing could justify a wrong act,

except it was clearly proved that the party did not know right from wrong; if that was not satisfactorily proved, the accused was liable to punishment. If the delusion under which a person labored were only partial, the party accused were equally liable with a person of sane mind—if the accused killed another in self-defence he would be entitled to an acquittal; but if the crime were committed for any supposed injury, he would then be liable to the punishment awarded by the laws to his crime."

Before I take any exception to this statement of the law, I will quote from "Jamieson on Insanity," what I believe to be the true test in all cases in which this plea is made the grounds of defense in criminal prosecutions: "Most lunatics," says Dr. Jamieson, "have an abstract knowledge that right is right and wrong is wrong; but in true insanity the voluntary powers to control thought and *action*, and regulate conduct by this standard, is impaired, limited or over-ruled by insane motives. A lunatic may have the power of distinguishing right from wrong, but he has not the power of choosing right from wrong. A criminal is punishable not merely because he has the power of distinguishing right from wrong, but because he voluntarily does the wrong, having the power to choose the right."

Here we have a definition of the tests of responsibility in insanity which harmonizes with the advance of the sciences of philosophy and pathology, as well as the doctrines of modern psychology.

But, so far as the law and the lawyers are concerned, the science of the mind and the knowledge of its disease are as they were a century ago. The lawyer is entirely guided by age and precedent; and while he applies the test of *reason* to the accused, he is wholly uninfluenced by it himself.

> "He knows the truth; he approves it too:
> Condemns the wrong, and yet the wrong pursue."

He does not act so from any want of intelligence or humanity, but, as pointed out by Bentham, "because he is the slave of precedent." In our own courts, and in a recent case, the learned judge, in his charge to the jury, said: "The general doctrine of the law is, that in criminal cases the test of insanity is, whether the accused was, at the time of doing the act, conscious that it was an act which he ought not to do. The law does not recognize, as the condition on which criminal responsibility shall follow the commission of crime, the pos session of one's faculties in full vigor, or a mind unimpaired by dis-

ease or infirmity. The mind *may* be weakened by disease or be impaired and have become excitable by a life of intemperance, and yet the accused will be criminally responsible for his acts. To establish a defense on the grounds of insanity, it must be clearly proved that, at the time of committing the act, the accused was laboring under such a defect of reason, from a disease of the mind, as not to know the nature and quality of the act he was doing, or, if he did know it, that he did not know that what he was doing was wrong. The accused may have been laboring under an aberration of intellect, or he may not have realized the enormity of the crime as fully as he ought (I quote expressions used by some of the witnesses); and yet he may be responsible for his acts. He can only discharge himself from responsibility by proving that his intellect was so disordered that he did not know the nature and quality of the act he was doing, and that it was an act which he ought not to do. If he had sufficient intelligence to know what he was doing and that it was wrong, and the will and the power to do or not to do it, he is, in contemplation of law, responsible for the act he has done."

The judge in this case lays down the common doctrine of insanity as recognized by the law, and framed, not by physicians who have a practical knowledge of the insane, but by lawyers. Is not this alone a sufficient objection to its inspiring confidence in its soundness, if there were no other? What judge, without a previous training, could tell a case of phthisis from one of bronchitis, or give the facts upon which the Pathognomonic signs are based? Any medical man, reading the lawyer's definition, would know that the definition was not that of a scientific body of physicians, having a practical knowledge of the insane.

In the charge which I have just quoted, the judge says that "To establish a defense on the grounds of insanity, it must be clearly proved that, at the time of committing the act, the accused was laboring under such a defect of reason, from a disease of the mind, as not to know the nature and quality of the act he was doing, or, if he did know it, that he did not know that what he was doing was wrong." This definition does not take any account of the will, and would include involuntary acts, which nobody holds to be crimes. But let me ask, What does the law mean by "a defect of reason, from a disease of the mind?" The very words are indicative of the date of the pathology upon which the definition was formulated. It

even carries with it so much of its metaphysical associations that if one should ask, What is mind? you would be tempted to answer in Byron's couplet—

"What is mind? It's no matter;
What is matter? Never mind."

Suppose, then, we ask in all seriousness, What is a disease of the mind? some one, perhaps, would answer and say it is a popular and comprehensive way of expressing a certain diseased condition of the brain. But even this answer would not be at all accurate, for one may be of unsound mind and no tests known to science could discover any disease of the brain. The truth is, there is no such thing as mind, in the sense in which it is used in the law. A man may have a defect of memory and yet not be legally of unsound mind. When the life of a human being is at stake we should insist on precise definitions, and not be misled by popular acceptations, or such current expressions as will not bear scientific scrutiny or are not based on metaphysics or medicine.

Intellect is knowing power; will is controlling power. This distinction has been insisted upon by one of the best ethical writers of the present century, namely, Professor Henry Calderwood, of the University of Edinburgh. "Will," says this distinguished writer, "is an essential and prominent feature of personality. A person is self-conscious, intelligent, capable of self-determination. If intelligence is needful to make knowledge of moral law possible; then will, or power of self-determination, is needfull to make obedience to that law possible; power of self-determination is thus essential to the nature of a moral being. Kant says of man, that his will is his proper self—it is the power of control over our whole nature."*

This virtually, as you will see, is what Professor Jamison says in his lectures on insanity, but what the law ignores and refuses to recognize. In the Martin case, the judge, in expounding the law to the jury, said: "The accused may have been laboring under an aberration of the intellect, or he may not have realized the enormity of the crime as fully as he ought, and yet he may be responsible for his acts. He can only discharge himself from responsibility by proving that his intellect was so disordered that he did not know the nature and quality of the act he was doing, and that it was

* "Hand-book of Moral Philosophy," pp. 106 and 107.

an act which he ought not to do. If he had sufficient intelligence to know what he was doing and that it was wrong, and the will and the power to do or not to do it, he is, in contemplation of the law, responsible for the act he has done. Insanity, in a legal sense, is a disease of the mind producing such mental conditions that the accused is incapable of distinguishing between right and wrong."

I have quoted this case because the learned judge has so fully adopted and embodied the doctrine recognized by the law, where insanity is set up as a defense for crime. Too much importance is attached to a knowledge of the nature of the act, while none at all is given to a want of will to refrain from it. The law says the accused can only discharge himself from responsibility by proving that his intellect was so disordered that he did not know the nature of the act he was doing, and that it was an act he ought not to do. This is an assumption that it is possible to discover the seat and nature of the lesion in insanity. It is not the mind, but the brain that is diseased. We might as well talk of a diseased breath in consumption, or a diseased urine in nephritis. Suppose the mind of the insane person to be in the same condition of the body of the choreic patient, would a mere knowledge of right and wrong be a test of responsibility? Is the choreic patient responsible for the movements of his limbs or the muscles of the body, because he knows it is not right for him to do it? Why has he not enough will power to co-ordinate his movements or to control his grimaces? we do not know why. But everyone must admit that he cannot do so by any exercise of his will; and it would be difficult to find a physician who would have the hardihood to go upon the stand and say differently. All that we know is, that chorea is a lesion of the nervous system; but we are unable to determine its origin or its seat. And so it is with insanity. It is but a symptom of a diseased brain, and science has not yet discovered how it impairs or perverts the faculties of the brain.

Insanity does not affect all alike. In one, the will is impaired; in another, the memory; in a third, the understanding. This we know only from observation; for pathology has not yet revealed anything that would enable us to say in what case the will, the memory, or the understanding only was affected. That insanity is a symptom of a lesion of the cortical substance of the brain, is generally agreed; and when we can say with as much certainty what the nature of the lesion is as we can where it is—or as we can when the white substance is

the seat of the disease—it will be time enough to dogmatize on the knowledge of right and wrong being a true criterion of the doctrine of responsibility as a legal test of insanity.

The plea of insanity is now so often urged as a defence in criminal trials—not only abroad and in other States, but in our own courts—that it behooves us to take into consideration the subject in its relations to us as medical men. Nothing can be more unsatisfactory than the present state of the law in its relations to insanity, or its legal tests regarding responsibility and their antagonism to all the known laws of a scientific pathology. The conflict appearing to be between old judicial decisions, taken as precedents, and modern psychological medicine. That the law bases its claims to right upon age and precedents rather than on facts made known by the advance of science, will hardly be disputed by any who is at all familiar with the history of the cases as they have appeared in the courts from the beginning of this century to the present day. Let us look for a moment at the law as it stood at that time. Then, for the first time, was recognized the necessity of taking into account any minor degrees of insanity less than furious madness as an excuse for crime. Previous to that, as Justice Tracy expressed it, the plea was only permitted "where a person does not know what he is doing, no more than a brute or wild beast."

The next enlightenment which the public mind received through juristic expression was at Hadfield's trial in 1800, when Erskine first announced that delusions—where no raving madness existed—were the true character of insanity implying irresponsibility. The most important case in the history of this question was that of Bellingham, who was executed in 1812. It was here that Lord Chief Justice Mansfield announced, that "if a person laboring under mental derangement were capable, in other respects, of distinguishing right from wrong, he could not be excused for any act of atrocity which he might commit. It must be proved beyond all doubt that, at the time he committed the atrocious act, he did not consider that murder was a crime against the laws of God and man."

But in 1843 we find the most authoritative statement of the law, in the McNaughton trial, where the accused was acquitted on Chief Justice Tindall's direction—that the point for the jury to consider was whether, at the time the act was committed, the accused had that competent use of his understanding as that he knew he was doing

wrong by the very act, itself a wicked and wrong thing. The annunciation of this doctrine at that time produced so much consternation and was regarded as so urgent, that the House of Lords ordered a series of questions to be laid before the fifteen judges, in order to settle the law. In answer to these questions it was, in substance, laid down, "That to entitle an accused to acquittal on the grounds of insanity, it is necessary that he be of diseased mind, and, at the time he committed the act, not conscious of right and wrong, or that he be under some delusion which made him regard the act as right." Though many attempts have been made to correct or alter this law, Sebald says. "The statement of the fifteen judges after the Mc Naughton case, remains the chief exposition of the English law where insanity is pleaded in excuse for crime."

This, then, is the law as it relates to the legal tests, or, at least, so much of it as includes its real error and shows its untrustworthiness; for the object of any investigation is to arrive at the truth not by crude means only, but by all means known and recognized to science and observation; and, as we know, the knowledge of right and wrong has no significance, even in diagnosing mental derangements, any theory of irresponsibility built thereon must be untrustworthy as evidence. Dr. Blandford says: "No more curious test of insanity was ever invented—none which more plainly shows the utter ignorance of the subject prevailing among those who have no acquaintance with the insane"; and his ideas are so often repeated by almost every writer on mental diseases, that innumerable opinions could be cited. The simple proposition expounds itself, and needs no refutation for those having any practical knowledge of the insane.

Dr. Ray says: "Statutes were formed and principles laid down regulating the legal relations of the insane long before physicians had obtained any accurate notions respecting this malady, and, as might naturally be expected, error and injustice have heen committed to an incalculable extent under the sacred name of law. In addition to the obstacles to the progress of knowledge in other diseased conditions, insanity, but a few years ago, was looked upon or considered as resulting from a direct exercise of divine power, and not from the operations of the ordinary laws of nature; and, being thus associated with mysterious and supernatural phenomena, confessedly above our comprehension. Inquiry has been discouraged at the very threshold by the fear of presumption or, at least, the apparent fruitlessness of the labor."

The mysterious and supernatural associations of insanity, as well as their effect upon the judiciary of the time, are well exemplified by Dr. Maudsley, who says: "The law is simply doing now, in regard to insanity, what it did formerly in regard to witchcraft—giving erroneous opinions on matters of fact to the jury under the name of law, and with all the weight of judicial authority. In one case of the latest trials for witchcraft in this country (England), Lord Hale, whose crude data concerning insanity were so long acted upon in our courts of justice, instructed the jury: 'That there are such creatures as witches, he made no doubt at all. For, first, the scriptures had affirmed so much; secondly, the wisdom of all nations had provided laws against such persons, which is an argument of their confidence of such a crime.'" The jury accordingly found a verdict of guilty; the judge, satisfied with it, condemned the persons to death and they were executed. It is one of the last executions for witchcraft in England, for it occurred at that time—and this should never be forgotten—when the belief in witchcraft was condemned by the enlightened opinion of the country. As it was then with witchcraft, so it is now with insanity—the judge instructs the jury wrongly on the matters of fact; they find, accordingly, a verdict of guilty; he is satisfied with the verdict, and an insane person is executed.

Prior to the present century, there was nothing that could be called a science of mental pathology. The facts then known were of the crudest kind. Groups of symptoms, in accordance with the nosological system of the day, constituted insanity. As an example of this, one eminent authority (Willis, 1822,) divides the consideration of the causes and treatment of the whole subject of *all* mental derangements into two classes—the high state and the low state. The morbid anatomy was but little known, and a proper study of the phenomena of the disease was obstructed, in a measure, by the popular ideas of the supernatural origin of insanity, rather than its being a part of a physical cause and depending on the usual laws of physical disease. Clinical observation, based on a more correct diagnosis and pathology, has since demonstrated that artificial nosological groups of symptoms bear no relation whatever to the pathological lesions which they were formerly supposed to indicate, and has led to a mass of information connected with insanity which, up to this time, has never been correctly systematized.

Again, more recent hystological research shows us that insanity is

but a collection of symptoms, the result of a pathological lesion of the gray substance of the brain, and that it is not indicated, in its seat or condition, by any special symptoms or functions, or characterized by the exaltation of one function while the others remain unimpaired. It is governed by the same laws that determine the physiological and pathological conditions of any other organ of the body, and follows the rule that impaired or perverted function denotes abnormal conditions of the organ. Why, then, should we expect to find any elaborate test for insanity founded on a pathology that was so exceedingly crude? Nor do we. We cannot but admit that what appears to be a crude and imperfect law was the best that could be moulded upon such a crude and imperfect knowledge of the disease for which the law was formed. Our ancestors had a definite idea of what *they* meant by a mad man; and the law had no choice but to apply a coarse test to a crude material.

The advance of science, however, by showing that insanity was but a symptom of a disease of the brain, and that the corresponding perversions of the faculties of intellect and will were dependent upon a settled pathological lesion—even though we may not state just what it is—has entirely overthrown the errors that our forefathers labored under, and we are led to see the fallacy of their positions. It is true that these advancements have been slowly wrought; but it is equally true that they are now unquestionably acknowledged by all who have any experience in the treatment of this disease.

It is to the pioneers in this field that we look with such admiration. To such eminent and hard-working men as Haslam, and Pinnel, and Hallaran, and Tuke, and Esquirol, and Spurzheim, and Georget, and Connelly, and Prichard, and so I might name a dozen more in the same chronological order, who have striven so hard and so earnestly to advance and demonstrate the practical truth of psychological medicine, and to whose labors is due that advance which it has so steadfastly made. It is not that the law as it was was not as applicable as could be made with existent state of knowledge, but it is that the law still remains as crude as it was originally, and blindly adheres for right to its age and precedents, rather than to any facts known to advanced science. Since Hadfield's trial, in 1800, many attempts have been made to modify the test so as to make it the more in harmony with existing facts. But they are still deficient in the most essential particulars. All the essential elements of the tests, from a

legal point of view, are based upon the facts of an impairment of intelligence, or as they put it, the consciousness of right and wrong and a knowledge of the consequences of the act, while the teachings of physiology, pathology and psychology all point to the volition as the most potent factor as a test for responsibility. It is not, as we have already said, whether the lunatic possesses the knowledge of right, but whether he had the power or will to do the right. It is power, not knowledge, that is the potent factor in irresponsibility. As Jamieson puts it, a lunatic may have the power of distinguishing right from wrong, but he has not the power of choosing right from wrong. A criminal is punishable not merely because he has the power of distinguishing right from wrong, but because he voluntarily does the wrong having the power to choose the right. Most reputable writers on medical jurisprudence acknowledge that the real criterion of responsibility is the freedom of will, or the power of the individual to control his actions. This has been more or less advocated by Esquirol, Marc, Ray, Pagat, Jamieson, Nuttmaier and Maudsley. Ray says: "Liberty of will and action is absolutely essential to criminal responsibility." Pagat observes: "Loss of control over our actions which insanity implies, is that which renders the act undeserving of punishment." Dr. Taylor: "The power which is most deficient in the insane is the controling power of the will." Dr. Bucknill says: "Responsibility depends upon power, not knowledge; still less upon feeling."

Dr. Forbes Winslow, in speaking of the defense of insanity, says: "When such questions have come before the judicial tribunals, the presiding judge, in his charge to the jury, has invariably referred to the dicta of preceding administrators of the law and quoted their definition or description as an unerring test of the presence of mental derangement in any case in which the malady is said to exist." How absurd, upon reflection, must such a course of procedure be. Has not our knowledge of disorders of the mind advanced in the last fifty years? Do we not know more of insanity than our professional brethren did who lived in the days of Coke, Mansfield and Erksine? If so, how ridiculous it is to cite their opinions, or to bind us down to the authority of men whose information on this subject must, of necessity, have been extremely limited and circumscribed. "The knowledge obtained by men of a subject which they have grappled with all their lives," says Chief Justice Gibbon, "ought surely to pre-

vail against knowledge gleaned from the horn books of a profession to which the gleaners did not belong."*

The falseness of the legal position will appear at once, if we suppose a case of poisoning instead of a case of mental derangement. What would be thought of a judge who, when medical evidence of poisoning was given, should instruct the jury, as a principal of law they must be governed in their verdict by the presence or absence of a particular symptom? Judge Dix says: "If the tests of insanity are matters of law, the practice of allowing medical experts to testify what they are should be discontinued. If they are matters of fact the judge should no longer testify without being sworn as a witness, and showing himself qualified to testify as an expert; but, in truth, the tests of insanity are no more matters of law than are the tests of a poison or the symptoms of disease."† In Boardman *vs.* Wordman, it was said if a jury were instructed that certain manifestations were symptoms or tests of consumption, cholera, congestion or poison, a verdict rendered in accordance with such instructions would be set aside, not because they were not correct, but because the question of their correctness was one of fact to be determined by the jury upon evidence.

The foregoing considerations then lead us to the inference that there are no legal or medical tests based upon a knowledge of right and wrong that the true criterion of irresponsibility appears to be in the possession of certain powers of the will, rather than of the intelligence; the power of controlling an act—of doing, rather than knowing—appearing to imply the existence of a state of cerebration that carries with it responsibility. A test somewhat similar to this is applied by juries under the directions of judges, to distinguish murder from manslaughter; and sanity and homicidal mania are not more nicely blended than those shades of guilt whereby manslaughter passes into murder. And I cannot resist the conclusion that the principles of law which led to the formulation of the present tests, were based on such error of fact as to render them fallacious as tests and untrustworthy as evidence. I think that it has been further shown that in recent times our success in the

* Smith *vs.* Cramer, Am. Law Register, 353. Maudsley's Resp. Mental Diseases.

† State *vs.* Pike.

treatment of insanity has been just in the proportion as we have abandoned obsolete theories of "mind diseases" and built up a new superstructure, based upon the foundation of an improved pathological knowledge. This great improvement in our practice appears to be attributable, first, to the greater accuracy with which we can now detect the morbid conditions which pervert or destroy the normal functions of cerebration; and second, to our better acquaintance with their physiological and psychological laws. How often, during the last thirty or forty years, have we been asked: Of what use is your microscopes, your chemical analyses, and your other implements of research? And, in reply, we point to the revolution that has gone on in the practice of our profession during that time; and, of which progress, none has been more steadfast and unquestionable than that relating to the brain and the nervous system. We point with a deserving and just pride to the establishment of scientific laws instead of empirical rules, and to the abandonment of a palliative in favor of a curative treatment.

If, then, such great improvement in our practice can be made by reason of this scientific advancement, cannot a similar progress be made in regard to our legal test in insanity, in determining which we are so intimately concerned with the legal profession? Such enlightenment can only come through the medical men who, throughout their own life, are constantly in active association with the investigators of such subjects. The two professions, the legal and the medical, have often to deal with the same subjects, though from different points of view—the one looking at the pathological state as a condition to be treated for relief, the other interested only in so far as it affects the safety of the individual in his legal relations. Any knowledge in the possession of the lawyer must, of necessity, be derived from the physician. And it would greatly promote the advancement of this much-to be-desired end if the medical man, in his relations to the law as witness or expert, was so qualified on this subject and guarded in his statements as to present only the most unquestionable facts for the consideration of the law. As Dr. Bucknill remarks: "That, notwithstanding this divergence of view from which the two professions regard insanity, it appears that this antagonism of opinion in individual cases and for specific purposes is unnecessary and dangerous. The physician ought to aid the judge, the judge ought to accept the aid of the physician to the utmost of

his knowledge and ability, within his proper sphere, the judge being the authoritative exponent of the law, the physician acting as witness—being its important but casual instrument; he being called upon to recognize, by his special knowledge, that kind and degree of insanity to which immunity from punishment is attached." All that the medical expert can do when called upon to give information is to look out well and carefully for all the evidence of disease capable of impairing the acts of volition, as well as intelligence, and having once discovered them, honestly and fearlessly advance them, irrespective of how such opinions will affect the individual case in view. This is a matter for the law, and medical men should leave it where it belongs. We must remember that both law and medicine are concerned in the solution of this most important problem—the law dealing with the applicability of the statutes, and medicine, with the structures and functions of the human body; and if the structures and functions of man, and the physical and mental derangements to which he is subject, are the objects of the study and practice of his professional life, the experienced physician must be the best exponent of its psychological phenomena.

Here we can scarcely refrain from stating our conviction that an unnecessary retardation of the perfections of the law is dependent upon the antagonism of the legal and medical professions, regarding the point of view from which its investigations are made, and that the aims of both—which is a determination of actual facts—would be materially assisted by a renovation of the methods used at the present time in ascertaining those facts. If duly-qualified medical men were employed by the court as recognized exponents of the scientific facts before them, to assist the court in arriving at just conclusions, instead of leaving the medical expert to the procurement of interested counsel, a long step would be taken towards this desired end; for counsel who are endeavoring to obtain a conviction or discharge of an accused, often labor so zealously to confound or confuse the medical witness, or to obtain from him only such portions of his conclusions as suits the ends they have in view, that he is prevented from giving the impartial conclusions of his science as a whole, and this of necessity must distort the medical facts in the case, as presented to an unscientific jury. This energetic zeal on the part of counsel may be correct in law, as a part of their duty, and deserving of the warmest praise as such, but it can scarcely be

expected to harmonize any of the conflicting opinions on this subject between the two professions.

In view, then, of these existing relations of law and medicine on the subject of insanity, let me say that I endorse that portion of the report of the section on medical jurisprudence drawn up by C. S. Garrison, Esq., and published in the last Transactions of our State Medical Society, in which he says: "An expert should not come into court with any preconceived theory favorable to one or the other parties litigant; he should neither break down or bolster up the case as made by the material facts; he should make no attempt to influence the jury as to the facts of the case, nor of the application of his particular line of testimony to those facts. What he should do, is to state and inform the mind of the judge and jury with the truths and conclusions of his science as are pertinent to the facts in controversy, or as affording criteria by which the true bearing of material facts may be ascertained. The law of science is the fact within the knowledge of the expert which, in his testimony, he is to deliver. The practical results of this view, if it were adopted by medical specialists, would be to raise their science from the domain of discordant facts, to one of accepted law; that, as the judge charges the jury what for the purposes of the case in hand they shall take as the law judicial, so would they, in the same manner, take from the medical expert the law scientific. All invitation to charlatanism and advocacy would be removed, and experts, instead of unseemingly jostling with each other in the witness-box, would take their seat, as it were, beside the court, assuming, for the time, almost judicial ermine. Then medical science, so long forced to act the part of a paid trumpet in our courts, would unite with the science of jurisprudence in the due administration of justice and the law of the land."

An eminent writer on medical jurisprudence has very properly stated that physicians have no right to interfere with the administration of the law, which is the judge's function; nor is it their duty to decide what is necesssary for the welfare of the State, that being the Legislature's work. Their concern is with the individual. But they plainly have the right to declare that the nature of a crime involves two elements: first, the knowledge of its being an act contrary to law, and secondly, the will to do or forbear doing it, and to point out that there are some insane persons who, having the former, are deprived, by their disease, of the latter—who may

know an act to be unlawful, but may be impelled to do it by a conviction or an impulse which they have not the will or the power to resist. Recognizing the obvious difference between him who *will* not and him who *can* not fulfill the claims of the law, it is their function to point out the conditions of disease which constitute incapacity; and when they find a false fact solemnly annunciated as a rule of law, to bring forward into all the prominence they can, the contradictory instances which their observation makes known to them.

Once more, to quote Judge Doe: "That cannot be a fact in law which is not a fact in science; that cannot be health in law which is disease in fact"; and it is unfortunate that courts should maintain a contest with science and the laws of nature upon a question of fact which is within the province of science and outside the domain of law. If it is necessary that the law should entertain a single medical opinion concerning a single disease, it is not necessary that that opinion should be the cast-off theory of physicians of a former generation.

GLOUCESTER COUNTY.

To the Chairman of the Standing Committee, &c.:

The health of Gloucester County during the past year has been somewhat better than during the two preceding years. Nowhere in the county have there been any malignant epidemics, and the mortality from acute diseases has been quite low indeed. There have occurred many deaths among the aged from natural causes, aided by slight attacks of various complaints.

During the summer months there was the usual amount of cholera morbus and diarrhœa, but dysentery was seen in only a few cases. Cholera infantum is not much seen in this vicinity. Those cases which are met with are usually contracted somewhere else.

The fall and winter months were characterized by nothing of especial note. There were the usual number

of lung troubles, but no epidemic of pneumonia, pleurisy, or chest diseases of any kind. With spring occurred a general epidemic of ulcerated sore-throat, pervading the whole county with about the same severity. By far, the greater number of cases were mild, those affected more severely were characterized by prominent febrile symptoms. Sequelæ were very rare indeed, those which occurred being usually abscess of throat. All the cases fully recovered. A treatment adapted to local inflammations generally was the one usually employed. The average length of sickness was about a week. There have occurred quite a number of cases of scarlet fever in the district. All, with very few exceptions, have been mild in type and simple in form. In Mantua a few cases of malignant scarlatina occurred. All proved fatal. Malaria in all its varied forms we have with us at all seasons of the year. It complicates everything; the very young and the very aged, the woman in child-birth and the surgical case, the clean and the unclean all suffer more or less from its effects. The *sine qua non* of a physician's armory for the past three years has been quinine or its less potent substitutes, cinchonidia and cinchona. Arsenious acid, iron, etc., all came in use, but cannot be relied upon for sure results.

Glassboro has had nothing unusual in the way of epidemics. There have occurred sporadic cases of the various fevers and inflammations, but of a mild type and ending in recovery. Clayton has been visited by no serious epidemics. Dr. Fisler reports cases of mumps, measles, tonsillitis, and a few cases of scarlet fever. Dr. Buckingham reports the same, with several cases of an eruptive fever resembling scarlatina, but differing in something, as they contracted scarlatina afterward. Dr. Trenchard reports cases of malignant scarlet fever in

Mantua, all ending fatally. Also, two cases of true croup, ending in recovery. He used inhalations of the vapor of slacking lime, quinine and iron internally, with hot applications externally. Dr. Halsey, Jr., reports mumps and a few cases of scarlet fever at Williamstown. Dr. Phillips has had measles and mumps at Hurffville. During the spring, ulcerated sore-throat. Harrisonville has had no epidemic excepting tonsillitis. Dr. Stanger reports a case of true croup, ending fatally in three days. Dr. Allen reports no epidemics. Dr. Ashcraft reports scarlet fever, adult cases in excess. Dr. Laws has seen scarlatina in a mild form, ulcerated sore-throat and a number of cases of swelling of the glands of the neck. "Malaria with us always." Dr. Oliphant sends me a report of an epidemic of scarlet fever and ulcerated sore-throat occurring in Bridgeport. Reports also a case of true croup, ending in recovery. The use of the vapor of slacking lime was followed by the expulsion of the false membrane from the larynx. Internal treatment of iron, quinine and potass. chlor. Dr. Halsey, Sr., reports epidemic of ulcerated sore-throat, and scattering cases of scarlatina simplex. I have seen a few cases of scarlatina simplex and have had the same experience with the epidemic of ulcerated tonsils, etc., that all the other physicians of the county have experienced. Malaria has given me much trouble as a complication all through the year. When the cause *per se* of disease, it has been quite easily combated, but when existing as a complication it seems more difficult to manage.

BENJAMIN F. BUZBY, M. D., *Reporter.*

EPIDEMIC OF SCARLATINA.

BY E. T. OLIPHANT, M. D.

This epidemic began January 2d, 1884, seemingly with two isolated cases, but which I afterwards found to be a full-fledged epidemic, numbering in all ninety-three cases, treated by myself, and am happy to say all recovered. Two-thirds of the cases were anginose in character; the others, simple.

TREATMENT.

Scarlatina simple.—First saw that the bowels were well evacuated; if fever ran high, gave tr. aconite folia, spts. ether nit., and plenty of hot lemonade to keep up the action of the kidneys. For the sore throat, potassium chlorate.

Anginose variety.—If the bowels were constipated, gave a brisk cathartic, followed by tr. ferri. chloride and chlorate of potassium, internally. If considerable febrile action, quinia sulph. and hyd. chlor. miti., according to age and amount of fever, flanked, as it were, by hot drinks (as lemonade), and putting the patient to bed immediately. If the throat was exceedingly ulcerated, I used tr. ferri. chlor. and chlorate of potassium, strong, as a gargle; and if this did not seem to be satisfactory, I used argenti nitratis grs. xxx, ad. f. ʒi of distilled water, and also permanganate of potassa. For the irritation of the skin, lard or sweet oil. The diet, as a rule, was liquid, but not low by any means—beef tea, mutton broth, with rice and plenty of milk. But I invariably gave quinia sulph. for a tonic until I discharged them, and no solid food, such as meats, until desquamation had entirely ceased.

Following the latter part of this epidemic, came follicular tonsilitis, with diphtheritic exudation. Treated on general principles; no fatal cases.

I also had several cases of pneumonia and inflammatory rheumatism.

The causation of this epidemic of scarlatina I have not fathomed to my satisfaction, but we had plenty of material for it to prey upon. We were partially surrounded by low meadow lands, and at that time very wet weather, with variations of temperature, and water in most of the cellars of the neighborhood.

BRIDGEPORT, N. J.

HUDSON COUNTY.

To the Chairman of the Standing Committee, &c.:

The County of Hudson has, during the past year, been remarkable for its general increase in healthfulness and its much-reduced death-rate. We feel proud in showing a record so much better than that of former years.

The reasons can be traced to various causes and to changed conditions. Quite a large part of the cities of Jersey City and Hoboken (where the bulk of the population of the county resides) is built on low ground, much of which has been filled in to raise it above tide-water, and, even at its present elevation, is little above high-water-mark. This condition would naturally be imagined to be a foundation for much sickness and suffering, and yet no great proportion of our sickness can properly be attributed to it, and these local conditions probably will eventually be so improved as to become only a minor factor in the production of disease. This low condition may be even beneficial, in proportion as the size and number of our sewers are increased, from the fact that the rise and fall of the tide will constantly, and in a more or less thorough manner, cleanse and scour out such low-lying sewers, wherever it can reach and have full play on them. This is a great boon to a city so situated that sufficient fall cannot be had to carry away the impurities, and where, at the same time, the water supply is limited. In towns up the Hudson—such as Newburg, Poughkeepsie and Hudson—a very great fall from head to outlet is probably an improvement, but, with our low and level grounds, the tide performs a health-giving function.

We have, among other things, the much-dreaded sewer gas to contend with from our sewers; and this the tide does much to carry away. But if all water-closets and

waste-pipes had traps in the streets where the connection is made with the sewer, and these had some method of ventilation—and if foul-air pipes were carried to the tops of all houses, I think we would get rid of most of the sewer-gas, which so often seems to be the direct cause of many of our diseases.

The cool summer of the past year had much, also, to do with our low rate of mortality, by reducing the number of cases of diarrhœa and cholera infantum, which are usually so prevalent during hot weather, especially among bottle-fed babies.

In Hoboken there was a change in the water supply, it being taken from the Hackensack instead of the Passaic river as formerly. This is universally supposed to be one great cause of the increase in our healthfulness. It is to be hoped that the water supply of all cities may be made as pure as possible, for this purity of water certainly goes far towards giving good health. It is to be hoped, also, that our chemists will find out a substitute for mothers' milk in cities, for hitherto, to arrange to bring up feeble children on the bottle, was like giving them a burial certificate. Many are working on this important desideratum, and it is to be hoped that their works, together with future experience of all kinds, will develop some food which will very nearly take the place of mothers' milk, and stop the enormous death-rate among bottle-fed babies that has existed in past years, and so largely increases the death-rate of all cities.

The high mortality rate of Hudson County may be partly explained by the large number of deaths which occur from accidents and injuries. All the great railroads of the State have their termini within this county, and to meet them are miles of shipping along the water. These necessarily imply multitudes of tracks, switches, bulk-

heads and wharves, with thousands of men employed in the duties of transportation, and exposed to the accompanying dangers. Among this class of the population, accidents are frequent and injuries severe, and fatal results consequently are numerous. These circumstances must be taken into consideration in making any comparison between the mortality of this and other inland counties.

Still another cause of the increased death-rate in cities is found in the so-called and, of late, much-discussed puerperal fever. It does seem as if this, like cholera infantum, ought to be dropped from the list of fatal maladies; but, on the contrary, it is fast becoming a bugbear and a perfect dread to our pregnant women. The discussions which point to so many unnatural proceedings during and after confinement, only tend to produce fear in what should be looked upon by all women as a natural and safe phase of nature. It would seem, from the precepts of some of our learned teachers, that nature is not to be depended upon, and that the all-wise Creator did not create aright, and that man must step in and rearrange much. The sooner this untenable idea is dropped or disproved, the better it will be for our lying-in patients. Let nature take its course; and let us dispense with all internal washes, and throw the modern bed-pan to the dogs. The upright posture for urinating, with external cleansing, will perform the work required. The physician, however, must see that he himself is perfectly innocuous, and conveys no poison in his person or his clothing.

Dr. Taylor, of Union Hill, reports that "The health of this place has been comparatively good during the past year. Measles, diphtheria and scarlet fever have appeared for a short time, and in so many cases as to be almost

called epidemic. Sanitary laws are, to a great extent, disregarded, garbage, slops and refuse from the houses being commonly thrown into the streets and allowed to decompose. The soil extends but a few feet below the surface, and then the rock of which the whole hill is formed stops further descent. As there is no system of sewerage or drainage here, all the products of decomposition, the contents of the water-closets and the street filth, percolate through the soil down the rock and there remain. I say remain, but should add that almost every house has a well, and at least *one* family uses the water of each well for drinking, culinary and domestic purposes. Moreover, there are few cellars but what have in them constantly from one to three or more feet of water. This gives rise to almost every variety of malarial disease, and to pulmonary diseases as well. Several cases of typhoid fever appeared last autumn, but care was taken and the disease was prevented from spreading. Since the introduction of the Hackensack water into the town, the rate of disease and also of death has become remarkably less; and now this water is becoming popular among many who formerly used wells. A sewer is being built in one of the streets, and in time the system will be extended over the whole town.'

G. F. PITTS, *Reporter.*

HUNTERDON COUNTY.

To the Chairman of the Standing Committee, &c.:

During the year ending May 1st, 1884, the health of the people of Hunterdon County, in the main, has been good. Yet in almost every locality epide[illegible] vailed. With but a few exceptions, "

a mild type and amenable to treatment. The malarial fevers have been less in number than they have been for the same length of time for several years past. Typhoid fever has rarely occurred. Colitis has scarcely appeared. Vernal influenza has been general, and in some localities, of grave types.

Dr. W. R. Little, of Bloomsbury, reports as follows: "Parotitis began about the middle of January, of mild type aud prevailed extensively. A malignant form of scarlatina appeared in the Muscanetcong valley about the first of March, causing some deaths. About the same time began an epidemic of malignant diphtheria. There has been about the average amount of lung diseases, but less than the average of malarial fevers. During the year I have met an unusual number of cases of cancer, and I doubt whether this disease occurs as extensively outside of the Muscanetcong valley as within it."

Drs. Schenck and Ewing inform me that in Flemington and vicinity there has been about the usual amount of sickness. Severe cases of pneumonia have been of frequent occurrence. There has been more than the average number of phthisis pulmonalis. Parotitis has been epidemic. Bronchitis has been general and of a severe type.

Drs. G. H. Larison and N. B. Oliphant inform me that the health of Lambertville and vicinity has been good. There have been less malarial fevers, less diphtheria and scarlet fever; but few cases of typhoid fever and but few of pneumonia. Measles and parotitis have been epidemic; both being mild. An unusual number of cases of jaundice occurred among children.

Dr. Sproul, of Stockton, reports less malarial fever than usual, about the average number of cases of

phthisis, much colitis in September, and many cases of vernal influenza in March and April.

Dr. N. B. Boileau, of Perryville, reports that during February and March, acute bronchitis of a typhoid type prevailed as an epidemic. During the winter there were many cases of obstinate laryngitis. In March and April, vernal influenza, wide-spread and obstinate in character, prevailed. He reports many cases of rheumatism and more than the average of sciatica.

Dr. J. S. Cramer, of Sergeantsville, reports less malaria during the past year than usual. Diphtheria has been of rare occurrence. Many cases of paralysis have been seen. During October, typhoid fever prevailed to a large extent. Vernal influenza began in January and extended through February, March and April. Measles and pneumonia were prevalent in March and April, and during the spring many cases of jaundice occurred among children.

Dr. Best, of Rosemont, reports that there has been about the usual number of cases of malarial fever. Phthisis and apoplexy have been more frequent than usual. Diarrhœa prevailed during the summer and autumn. Parotitis and pertussis were epidemic during March and April.

Dr. Shanon, of Stanton, reports about the average amount of sickness in this district. Varicella appeared in May. Typhoid fever of a severe type prevailed in August. During November and December, measles prevailed. During the winter months, pertussis, often complicated with pneumonia, occurred.

Dr. Night reports about the average amount of sickness. A mild form of scarlatina occurred in
February and March. During the same mo
were several cases of diphtheria. Rheu
occurred more frequently than usual.

Dr. Levitte, of Baptistown, reports that there has been more than the usual amount of sickness in that locality. Pneumonia, severe scarlatina, neuralgia and rheumatism have prevailed extensively. In my own practice, nothing unusual has occured. There has been about the usual amount of sickness. During the winter and spring, measles were prevalent. Vernal influenza began in February and continued until April. Diseases of the nervous system have been numerous. Scrofula is increasing. Cases of rheumatism have been very numerous.

The notes of a case read before the Hunterdon County District Medical Society by Dr. H. Shannon, I append entire.

C. W. LARISON, *Reporter*.

RINGOES, N. J., May 1st, 1884.

CASE.

BY H. SHANNON, M. D.

Ovulation without menstruation; conception; albuminuria; dropsy. Delivery at full term; good getting up.

Mrs. S., æt. 21. Was called to see the above case during the spring of 1882. Found the patient a bright, active lady, suffering from malarial trouble, which had resisted active treatment for some months. Her mother gave me a history of the case, viz.: Since she was 16 years of age has had leucorrhœa, but has never menstruated. I endeavored to make an examination per vagina, but found the parts so irritable that a satisfactory examination was impossible. I put the patient upon a prescription of vini. ferri. amari., with arsenic, and used, locally, vaginal injections of warm water, slightly acidulated, for a couple [illegible] then changed to an inf. of oak bark. Under th[illegible] returned, the bowels becam[illegible] health until the spri[illegible] found a new tran[illegible] swollen, the

abdomen enormously enlarged, and, on examining the urine, found it highly albuminous. I suggested the idea of conception, but she thought that impossible, as she had never menstruated and had never been able to have free intercourse with her husband, nor had she felt any signs of life. Brisk hydragogue purgatives and diuretics were ordered and continued, with relief of all the symptoms save the albumen, which remained, but in less quantity. She was then put upon tr. ferri. chl., with bitter infusions. After the effusion had disappeared, the gravid uterus could be distinctly felt and seen, with the fœtal head lying high up in the fundus.

On the 12th of September I delivered her of a nine-pound child, being a breach presentation; otherwise, a perfectly normal labor, and with a good getting-up. The mother never felt any motion of the child, never having menstruated; and the inability to have free intercourse on account of the irritability of the vagina, led her to believe that conception was impossible.

STANTON, N. J.

MERCER COUNTY.

To the Chairman of the Standing Committee, &c.:

The County of Mercer, during the past year, has been unusually healthy, as far as your reporter can ascertain. During the summer months there were fewer cases of intestinal troubles of infants and children, though dysentery among adults prevailed to a greater extent in Trenton than for many years before. The cases reported at the meetings of the District Society were, as a rule, severe, and in many cases proved fatal from complications, such as hemorrhage, etc. One case of small-pox occurred in Trenton during the year, but the prompt and efficient action of the authorities stamped the disease out before another case occurred.

During the fall and winter months, about the usual amount of pneumonia and catarrhal affections were en-

countered by the profession, though the mortality was, perhaps, below the average.

Rubeola prevailed epidemically in South Trenton and Chambersburg during the latter part of winter and early spring, some of the cases being complicated with catarrhal bronchitis and a few with pneumonia.

We have also had an epidemic of mumps, which prevailed pretty generally throughout the city. Among the males affected, orchitis was a frequent complication, in some instances the orchitis appearing first, and the enlargement of the parotid not until a few days later. Among the females, complications were seldom observed.

Pertussis has prevailed to such an extent that it might be said to have been epidemic. It, however, in the majority of cases, was mild and uncomplicated. About the usual number of sporadic cases of the more serious diseases have occurred.

Diphtheria and scarlet fever have been with us in the form of sporadic cases pretty much during the entire year, though no epidemic has prevailed. Many of the cases have been unusually severe, and fatal in not a few instances.

Malarial diseases have been less prevalent, until the past few weeks, than in former years. The cases which have occurred during the past month have [illegible] treat many instances, shown marked tendency to [illegible] gestion, and other manifestations of an unusu[illegible] type.

Dr. W. W. L. Phillips reports a case of acute albu- uria occurring as a sequel of diph[illegible] Not having treated the case during the diphthe[illegible] attack, he is unable to say whether the albuminuria is [illegible] of chlorate of potassa, or is a sequel of the d[illegible] Dr. Phillips also writes me that while it is a we[illegible]

fact that scarlet fever may occur more than once in the same individual, yet it probably seldom happens that the same observer meets with the disease in the same person a second time. This, however, has been his experience in the case of Mrs. S., aged 27 years, who, during the past winter, has had an attack of genuine scarlet fever of the anginose variety, the Doctor having treated her when she was eight years of age with an attack of the same kind, which was so well marked and severe as not to admit of any mistake.

Dr. R. M. Rankin, of Hopewell, reports the health of his section good, no epidemics having prevailed excepting an annual return of diphtheria, which was quite severe and fatal in the early part of 1883, but which entirely disappeared after the unusual amount of snow and rainfall of the beginning of 1884.

Dr. Rankin reports a case of puerperal convulsions, in which the patient, after having had twenty-five convulsions and remaining in a comatose condition for forty-eight hours, made a slow but complete recovery. The treatment consisted in instrumental delivery, hypodermic injections of morphia and atropia, and bloodletting. Ether was used during delivery, which required unusual force. The child weighed ten pounds, and was dead.

The Dispensary, which was noted in the report of 1883, still continues to do a good work. About fifteen hundred patients have received treatment during the past year. A number of gynæcological cases have been operated upon, and many other cases of special interest have be under observation of the staff during the y

It is with great pleasure and satisfa
reporter can state that death has not en
during the past year.

The meetings of the Society are more largely attended, and greater harmony prevails among the members, since ethical subjects and disputes have given place to the more profitable discussions of medical subjects and reports of interesting cases. We have few sympathizers with the "new code" movement, though a few express themselves in favorable terms of its adoption.

In regard to the question, "Has your Society taken any action on the recommendations in report of committee at the last meeting in regard to the curriculum of medical study?" I would merely say that as the report of the committee was simply received and referred to Committee on Publication at the last meeting of the State Society, and will come up at the next meeting for final action, our Society, deeming any action of theirs premature, has not taken any action in regard to the matter.

H. M. WEEKS, *Reporter.*

TRENTON, May 14th, 1884.

MIDDLESEX COUNTY.

To the Chairman of the Standing Committee, &c.:

During the past year epidemic diseases have not been so prevalent as during the preceding year. Malarial diseases have prevailed in Woodbridge, Perth Amboy and South Amboy, but not to so great an extent as in former years. In New Brunswick, certain localities seem to be affected more than others. The residents on the outskirts of the city and in localities where it is low and moist suffer most. The disease was principally of the intermittent type, and readily amenable to treatment.

Scarlatina has occurred sporadically. The cases were quite mild and free from complications.

Diphtheria has prevailed to a great extent. During the months of November and December an epidemic of this disease occurred in New Brunswick, causing a considerable number of deaths. Some of the patients died from the direct effect of the poison on the nerve centres, others from septicæmia, while a large number died from laryngeal complications. Since that time a few cases have been present in New Brunswick, but were of a rather mild character.

Rubeola has scarcely been known in New Brunswick, but in Washington, South River and Sayresville an epidemic occurred during the months of January and February, several deaths occurring from complications, principally pulmonary.

Typhoid fever has been seen in New Brunswick, but the number of cases were not many, and only a few deaths occurred from this disease. During the winter months, pneumonia and pleurisy were common, but neither disease was of a severe type. Cholera infantum and dysenentery were not so common as during the preceding year.

Dr. C. H. Andrus, of Metuchen, reports as follows: "The past year has been one of unusually good health in Raritan township. No epidemics have prevailed. Malarial diseases have been less prevalent than during any period of the last ten or twelve years. In July and August, dysentery of a somewhat severe character occurred in a few localities. During the winter months, more cases of pneumonitis occurred than was usual for the season, but they were rarely fatal, except among those quite aged. Diphtheria and scarlatina have scarcely been known among us during this last year. Even the record of births shows quite a falling off in the depart-

ment of obstetrics—a fact fully realized by the doctors also."

Dr. Wm. V. Wilson, of Dayton, reports as follows: "For the past year the general health of the township of South Brunswick was good. The past two years have brought many sporadic cases of cerebro-spinal meningitis, none in my practice having proved fatal. The disease manifests itself alone or as a complication of some other diseases. Adults and children were alike affected. The question arises as to its cause. To my mind it is the result of a specific kind of malaria, over which the bromides exert a control; and I also believe that the malaria producing remittent fever is of different kind from that producing intermittent fever, inasmuch as quinia often fails in the former, while the gelseminum speedily effects a cure. Gelseminum is worthless in simple chills and fever. One of the peculiarities of cerebro-spinal meningitis is the inflammation of the bowels and lungs, or acute gastritis and vomiting. These diseases are more apparent than real, in a large percentage of cases being relieved by bromides and quinia, without morphia or any other treatment, unless the pain is severe. In the past winter and spring occurred an epidemic of mumps. In a considerable number of cases there were some complications of spinal, but chiefly of cerebral meningitis, requiring large doses of bromides. Next in frequency, in the male, was orchitis; and in the female, swelling of one of the mammæ. During the winter there were many cases of pneumonia of a mild type, no deaths resulting therefrom. Our township, owing to its good water, has been free from typhoid fever. There was no perceptible increase of malarial diseases. The census has been well added to. At the present time a disease called the winter cholera prevails upon Little Rocky Hill. Its attack is

sudden, and the disease spreads rapidly through the families it attacks. The diarrhœa is watery and the dejections frequent; occasionally there is much pain in the bowels. The treatment is quinia, with bismuth and opium. The disease had existed there before in the spring of the year, and is due to some peculiarity of the water supply, which is largely surface water in the wells.'

The reporter is pleased to note that no death has occurred among the members of the County Society.

FRANK M. DONOHUE, *Reporter.*

MONMOUTH COUNTY.

To the Chairman of the Standing Committee, &c.:

Previous to receiving your circular, a request had been sent to each member of the County Society of about the same import, to which requests but three answers were received. Being on the northern edge of the county, it is rather difficult for your reporter to make an accurate report without the co-operation of brother physicians in other parts of the county.

The past year has been probably more than usually a healthy one throughout the county. Excepting measles, which has been pretty general, no epidemics have prevailed. Diseases of respiratory organs have been less severe. Malarial diseases have been less common and generally more easy of control. Typhoid fever prevailed in different parts of the county during the autumn of 1883.

Dr. Long, of Freehold, says that city has been remarkably free from all epidemic and endemic diseases. A few cases of measles have appeared, the first for twelve years.

He states that catarrhal diseases and pneumonias have prevailed to less extent, and that the mortality was less than in previous years.

Dr. Thompson says that Ocean Beach, during the past year, has been visited by no epidemics. One case of scarlatina maligna occurred, but by strict quarantine an epidemic was prevented. Malarial diseases are not known at the Beach, excepting by imported cases. One case of typhoid fever occurred during the autumn, and several others at the same time at Shoreville, about half a mile distant. Intestinal troubles were very mild during the summer, no deaths occurring among the children. Dr. Thompson states that among a summer population of 5,000 and a winter population of 400, since May 1st, 1878, to the present time, only three deaths have occurred among children. Twenty-five is the total number of deaths at Ocean Beach for the same time. He reports that skin diseases have been more prevalent than usual, and since March 1st, a number of cases of acute rheumatism have occurred, and promptly yielded to ol. gaultheria and alkalies. He sends notes of a case of Bright's disease, as unusual for the passage of blood coagula only, in the first stage, and the sudden appearance and disappearance of albumen in the urine.

Dr. Arrowsmith, of Keyport, reports having met about the same diseases and in nearly the same proportions, excepting malaria, which is less prevalent and more easily controlled than in previous years. He referred to the summer complaints of children as being mild during the last summer. In the autumn he met with a number of cases of typhoid fever.

Dr. Welch, of Keyport, states that he has met with less of malarial diseases and diseases traceable to or complicated with malaria than for five years past. A number of

cases of typhoid fever occurred in his practice during the months of July, August, September and October, three of which were accompanied with extremely grave symptoms. In one, septicæmia began on the twenty-first day, announced by a sharp chill, followed by temperature of 105° and renewal of the typhoid phenomena, and the formation of abscesses in different parts of the body. Other cases were mild in character, two being "walking cases," the temperature following pretty accurately the thermometric observations of Wunderlich—proceeding in regular stages of weekly and half-weekly periods. In four cases, copious perspiration at night, without diminution of temperature, occurred about the fourteenth day of the disease, and continued until convalescence was fully established.

Dr. Welch says: "In but one case did I notice ān eruption on the skin," and continues: "I am convinced that this is to be found less in country than in city practice, though even in the latter it is by no means the rule. Of 5,988 cases occurring in the London Fever Hospital during twenty-three years, as stated by Wilson, the eruption was absent in 1,382. Murchison gives statistics of ages when the eruption may be wanting; Jenner found it less frequent in children; Flint states that the proportion of cases in which it occurs varies in different years. He found it absent in twenty-four cases out of seventy-three which he has recorded, though carefully looked for. Trousseau says the eruption has never been observed in any epidemic in Louraine, while Raele believes anti-phlogistic treatment at the outset prevents the development of the eruption, for which reason, he avers, it is rarely met with in the wards of La Charité. Dr. John Harley has made dissections of cases where all the ulcerative intestinal conditions characteristic of the

disease were found, no eruption having occurred in life." In speaking of treatment, Dr. Welch says: "In my experience I have often observed the happiest effect from large doses of digitalis in these fevers, small doses being perfectly futile, while large doses, to the extent of a teaspoonful (tincture), have calmed delirium and induced refreshing slumber, reducing the pulse and, to some extent, the temperature, though I have never observed the fall of 2° or 3° spoken of by Aitken. I invariably use it in severe cases, commencing the dose at from ten to twenty drops, and gradually increasing to thirty or forty, and more if needed, the remedy suspended when prudence dictates, though the effect to be continued needs repetition of the medicine in six hours, usually. I have never met with the cumulative effect spoken of by writers on therapeutics, and my use of it in fevers, cardiac diseases, and two cases of delirium tremens which I have recorded, where doses of one-half ounce were used, has given me abundant opportunity to study the effects of the drug. The instances of poisonous effects on animals, given in Stillé, must be looked upon as deliberate attempts on healthy organizations, and the distinction between that and the action of digitalis when appropriate to a disease must be taken into account when speculating on probable results. My experience with quinine in typhoid fever leads me to almost condemn its use in large doses. If it reduces the temperature it is for only a very limited time, and it never abridges the duration of the disease. It does not prevent the sepsis which causes relapses; so what is gained?"

Dr. Welch remarks a less number of diarrhœal diseases among infants than for many years past. He also refers to the slow advance of an epidemic of measles, which occurred at Port Monmouth, seven miles distant, in the

spring of 1883. The epidemic, after slowly radiating from family to family, reached this town during the past winter, where the contagion has shown the same tardy influence, and is still slowly extending. Many of these cases have been complicated with severe bronchitis. As a notable instance of this disease being exceptionally dangerous when grafted upon a previously-existing one, he refers to a case of a little girl of two years who passed through virulent types of scarlatina and diphtheria in February and March of last year, only to die on the third day of an attack of measles, in June following.

A number of interesting cases given by Dr. Welch, and one by Dr. Thompson, I give in full.

D. E. ROBERTS, *Reporter.*

KEYPORT, May 7th, 1884.

CASES.

BY GEO. T. WELCH, M. D.

Persistence of the Diphtheria Contagium.—Four members of a family named Voorhees were attacked with diphtheria in January, 1883. Of these, three were attacked with a virulent form of the disease, one, an infant, dying in a short time; two suffered from paraplegia for weeks afterward. After convalescence gradually merged into complete recovery, the house was scrubbed and whitewashed within, and underclothes and bedding washed, and carpets and clothing aired in blustering winds then prevailing. On or about March 1st, a brother of Mrs. V. came from Jamesburg to visit her. The disease had not prevailed in that village. On the 5th he was attacked with a mild form of the diphtheria, and was ill for several days. On April 1st the family moved into another house, about a mile distant. J. P., a young man of 30, who occasionally visited the family, on Sunday, August 26th, remained all night, sleeping on a bed occupied by

the brother mentioned. On August 29th he was attacked with diphtheria in a malignant form, accompanied with severe hemorrhages from the throat on September 1st, but recovered.

Diagnosis of Pregnancy. Case I.—In October, 1882, I called to see Mrs. J. W., who believed herself to be suffering from an abdominal tumor. She was strongly impressed with the belief that she had passed the menopause about a year before, being 48 years of age, and the menses having made but scanty and fitful appearance since she was 46. She had lost all date of the last period. After an external examination of the abdomen with manipulation of an ovoid, moveable tumor, the vaginal speculum was used, when all that portion of the uterus to be seen was found to be of an intensely purple appearance. Recalling the fact of this phenomenon being looked upon by some gynecologist as diagnostic of pregnancy, I suggested the explanation to the patient, who appeared offended, but was willing to await a further development. The delivery of a female child occurred about four months afterward.

Case II.—In May, 1883, I was called to see Mrs. Van B., who was very much depressed with the idea that she had an ovarian tumor. There was a remarkable appearance of the abdomen, as though it contained a multilocular tumor. Examined with a speculum, the cervix-uteri was found to be of a purple color. The patient was very incredulous of the diagnosis I ventured to make, but was delivered on September 12th of a female child.

Hemorrhage during last stages of Cirrhosis of the Liver.—Mrs. J. L., aged —, who died of cirrhosis of the liver on the 30th of May, 1883, had copious hemorrhages from the stomach and bowels on April 13th and 16th, and on May 27th and 29th. The blood expelled from the stomach was in vermiform coagulæ, from six to twelve inches in length, and half an inch in diameter. The appearance of four of these in a small vessel after vomiting was remarkable in the extreme.

Poisoning from eating young leaves of Cat-Brier, or Smilax Rotundifolia.—June 7th, 1883, I was called to see a colored boy, aged five years, who was suffering with intense pain in the bowels, with a pulse quick, jerking, 120 to the minute; the skin cool; countenance lethargic. Unable to learn anything further than that he had been in good health up to four hours previous. I prescribed an anodyne, to be repeated as necessary, and expected to hear a favorable report, but

did not, at my next visit. During the succeeding days until death on the fifth day, the above symptoms continued, with nausea and constipation. The bowels were moved by enemata containing castor oil. Opiates only quieted pain; alcohol excited it; quinine appeared to give the most ease. The child died about 6 P. M., and at the autopsy made at 10 P. M., I was assisted by Dr. D. E. Roberts. The stomach and small intestines were very white, inflated with gas, and specked with a green substance, which was found to be vegetable stems. The colon was intensely conjested, coiled like a crimson serpent. Blood had been freely emitted from it into the pelvic cavity. Cutting into the colon it was found to be filled with a dark-green pulp. Examined under the microscope, stems of leaves and vegetable cells were found in abundance.

It was ascertained from the children of the family that, on the morning of the 7th, he had gathered his hat-crown full of the young buds and tender leaves of the cat-brier, and had, with great perseverance, eaten them all.

Retarded Labor.—On December 21st, 1883, I delivered, with the forceps, Mrs. E. P. of a male child. The date of the last day of her last menstrual period was February 15th, counting from which, the period of utero-gestation would have been 308 days. The child was enormous, cephalotripsy having been found necessary before it could be delivered.

BRIGHT'S DISEASE.

BY CHAS. H. THOMPSON, M. D.

Geo. A——r, aged 16 years, was cleaning out a pond at the Highlands, N. J., on May 19th, 1883.

May 21st. Having a feeling of soreness and general distress, he consulted a physician, who prescribed for him and advised him to return home.

May 22d. Came to the office complaining of headache, general distress and diarrhœa. Tongue slightly coated, pulse normal, and passing about the usual quantity of urine. Thinking he had taken cold, I prescribed therefore.

May 23d. Called at the office again, saying he was no better. and enumerated the following symptoms in addition to those previously

reported, viz.: great thirst, loss of appetite, pain over the whole abdomen, entire suppression of urine, and has passed a number of small cylindrical coagula. Passed catheter, and found the bladder empty. Diagnosed Bright's disease, and prescribed hyoscyamus to relieve pain, and poultices of digitalis leaves to the back and abdomen.

May 24th, 9 A. M. Called and found patient in the following condition: Pulse, 120; temperature, 101¾°; tongue, heavily coated; nausea; no appetite; puffiness of the entire body; pain over the whole abdomen, especially severe in the left hypochondriac region; slight distress in the back over the kidneys, and constipation. Has passed about ℥i of blood, and several coagula, two lines in diameter and two or three inches in length, but no urine. Passed the catheter, and again found the bladder empty. To continue the hyoscyamus, and the poultices after dry cupping the back. Gave elaterium in divided doses until the bowels are moved.

9 P. M. Patient in about the same condition as at the morning visit. Bowels have been very freely opened. Again applied the cups, and continued previous treatment.

May 25th, 9 A. M. Pulse, 120; temperature, 102°; distress over the left kidney more severe; ankles very much swollen; other symptoms the same as yesterday. Has passed about ℥ij of blood and several coagula, but no urine. Applied wet cups (drawing about ℥vi of blood), and continued previous treatment.

9 P. M. Condition much the same. Has passed one very long coagula and ℥iss of port-wine urine. Half of this urine coagulated on the addition of heat and nitric acid. On account of extreme restlessness, gave Dover's powders to-night.

May 26th, 9 A. M. Pulse, 102; temperature, 100¼°; pain over abdomen still continues; no distress over kidneys, and other symptoms about the same. Has passed quite ℥viii port-wine urine, which contained a large percentage of albumen. Again applied dry cups. To continue the poultices, and gave a diuretic mixture.

May 27th, 9 A. M. Pulse, 90; temperature, 99°; tongue cleaning; appetite returning; no distress over kidneys; pain over abdomen almost gone. Has passed fully four quarts of urine, entirely free from albumen, during the past twenty-four hours.

May 28th. Pulse normal; temperature normal; tongue clean, and rapidly convalescing. Put the patient on ammon. hydrochlorate and tr. ferri. chlorid. three times a day. The diet was almost exclusively milk with lime water.

On June 10th George was able to call at my office. I examined the urine twice a week, but found no albumen. The pain did not entirely disappear from the left hypochondrium, but he improved steadily until June 21st, when he had severe frontal headache.

June 22d. Was summoned in haste at 4 A. M. to see George, and found the following condition of affairs: About 3.30 A. M. he had a violent uræmic convulsion on awakening from sleep. Just as I arrived he had a second one of great violence, which lasted fully twenty minutes. After the convulsion passed I found: the pulse 120; one pupil dilated, the other contracted; anæsthetic cornea; the whole body slightly puffed; urine albumenous, and that he had had no suppression previous to the convulsion. Gave elaterium gr. 1½, in four powders, one every hour until bowels moved, digitalis poultices to back and over the abdomen, and potassii bromid grs. xx every hour.

10 A. M. Pulse, 120; temperature not taken, but was not high; comatose; slightly stertorous breathing, and has had seven more convulsions.

2.30 P. M. Dr. Johnson met me in consultation. Pulse, 130; pupils dilated and not responsive to light; incontinence of urine; very restless; bowels still constipated, and has had twelve convulsions. No urine could be obtained for examination. To continue the poultices to give potassii bromid grs. xx every half hour, and to give enema at once.

8 P. M. Pulse, 130; skin intensely hot; convulsions less frequent, and very much weaker.

June 23d. Much better. Pulse, 120; temperature, 101°; no convulsions since 9 P. M.; coma not so deep; pupils normal, and responsive to light; head, face and tongue very much swollen, and has passed ℥vi of urine free from albumen. He again began to improve very rapidly, and on June 27th was able to be about the house. On the morning of the 29th he was found dead in bed. He retired the previous night feeling quite restored and cheerful.

MORRIS COUNTY.

To the Chairman of the Standing Committee, &c.:

Reports have been sent to me by Drs. Barker, Owen and Flagler, of Morristown; Dr. Stiger, of Mendham; Dr. Farrow, of Middle Valley; Dr. Pennington, of Baskingridge; Dr. Condict, of Dover; Dr. Wiggins, of Succasunna, and Dr. Day, of Bloomingdale. From these reports it is evident that the year now closing has been an unusually healthy one.

MALARIAL DISEASES.

About the average number of cases. Dr. Farrow notes a large number of intermittent neuralgias.

ALIMENTARY CANAL.

No severe epidemics.

AIR PASSAGES.

Pneumonia, so prevalent in Madison and Morristown at date of our last report, has given these places but little trouble, but is reported more prevalent in Baskingridge and Mendham.

SCARLATINA AND DIPHTHERIA.

Nowhere epidemic in a severe form, except at Mendham and Baskingridge. At Morristown and Middle Valley, epidemics are reported, so mild and irregular in type as to make the diagnosis rather doubtful in the majority of cases.

MEASLES.

Bloomingdale reports an epidemic; also, of whooping-cough.

TYPHOID FEVER.

Very few cases, indeed, reported.

Dr. Barker reports a case of "pneumonia accompanied in the early period by great cardiac depression. During

the first week the thermometer in the *axilla* ranged between 101½ and 103½°. In the *mouth* it could not be raised above 97½°. After the patient began to improve, the buccal temperature gradually approached that in the axilla, and finally corresponded with the latter very closely."

Dr. Condict reports a case of hydrocele radically cured by the method of Prof. R. J. Levis. The Doctor, after evacuating the fluid with a trocar and canula, and while the canula was still in situ, injected into the cavity of the sac one fluid drachm of liquified carbolic acid. The canula was removed, and the scrotum freely manipulated with thumb and finger to diffuse the carbolic acid over every part of the sac. Smarting was complained of for only two or three minutes, and was succeeded by a sense of numbness. The patient did not lie down on account of the operation, and the next day performed his ordinary labor. The cure was complete without the loss of time.

Your reporter regrets to announce the death of Dr. John M. Cuyler, U. S. A., an Honorary Member of this Society.

STEPHEN PIERSON, *Reporter.*

OCEAN COUNTY.

To the Chairman of the Standing Committee, &c.:

MEASLES

were epidemic throughout the county, generally of a mild type.

MUMPS

were prevalent in some sections.

DIPHTHERIA.

Only a few sporadic cases, except in Cedar Run, where Dr. Hilliard tells me there was an endemic of a mild character.

TYPHOID FEVER.

We have had less typhoid fever than during any of the three previous years.

SCARLET FEVER.

A few sporadic cases.

DISEASES OF THE AIR-PASSAGES.

Pneumonia and bronchitis were quite prevalent. Of the former, a few cases were very severe. Less influenza than is common. There were many deaths during the year from phthisis.

WHOOPING-COUGH.

A few sporadic cases only.

TETANUS.

Two cases occurred, both of which proved fatal.

The committee appointed to examine the copies of diplomas filed in the County Clerk's Office attended to that duty, and found one individual practising without a diploma.

E. C. DISBROW, *Reporter.*

TOMS RIVER, June 1st, 1884.

PASSAIC COUNTY.

To the Chairman of the Standing Committee, &c.:

The following report upon the diseases which have prevailed in our county during the past year is based upon the communications received from a number of physicians who reside and practice in this city, no report having been

received from the City of Passaic, or any other locality in this county.

The estimated population of Paterson is sixty thousand, a fact which must be kept in view while considering the prevalence of any disease which may be expressed below in figures.

MALARIAL DISEASES.

The various forms of malarial fever have prevailed during the past year to a somewhat less extent than usual. The intermittent forms were met with in the quotidian, tertian and quartan varieties, but the tertian was probably the most common.

Diseases of a neuralgic and inflammatory nature have shown a disposition to intermit, but the tendency for such affections to complicate with malaria has been less marked than in former years.

Some of the physicians reporting have met with a good deal of remittent fever, which was characterized by very high temperatures.

There have been no cases of pernicious or congestive fever reported.

DISEASES OF THE ALIMENTARY CANAL.

Diarrhœa, dysentery, cholera morbus and cholera infantum prevailed to a less extent than for many years. It will be remembered that the summer of 1883 was exceptionally cool. This exemplifies a fact which is generally conceded—that, as a rule, the prolonged high temperatures of this climate greatly increase the tendency to the intestinal fluxes.

Dr. Rogers, and others, report the occurrence of a few cases of dysentery in the winter and early spring. Your reporter met with two genuine cases of dysentery in

January, which resisted, with remarkable obstinacy, the treatment employed.

DISEASES OF THE AIR PASSAGES.

Pneumonia seems to have been met with more frequently than usual. In December and January there were many cases, severe in type and often proving fatal. Bronchitis, severe in character, was very common during the winter.

CONTAGIOUS AND INFECTIOUS DISEASES.

Cases of typhoid fever have occurred throughout the year, but there has probably been rather less of this disease than in either of the two years just preceding. Dr. Newton, Health Inspector of this city, in his communication to your reporter, refers to two cases of this disease which were directly traceable to the use of polluted water from a private well located in the rear of the house where the disease occurred. The Doctor expresses the opinion that the public wells in this city, upon which so many rely for drinking water, are probably the cause of many cases of continued fever. There were twenty-one deaths from this disease in Paterson from May 1st, 1883, to April 30th, 1884, distributed as follows:

May,	1883	2	deaths.
August,	"	2	"
September,	"	6	"
October,	"	2	"
November,	"	2	"
December,	"	2	"
February,	1884	1	"
March,	"	2	"
April,	"	2	"

Physicians in attendance upon typhoid cases are not required to report the existence of this disease to the Board of Health, so there is no means of knowing the actual number of cases.

There were comparatively few cases of puerperal fever during the year.

It is generally believed that there have been fewer cases of diphtheria than usual. There were reported to the Board of Health one hundred and thirteen cases, with thirty-six deaths, distributed as follows:

May,	1883.....	8	cases reported,	0	deaths.	
June,	"	0	" "	0	"	
July,	"	1	" "	1	"	
August,	"	6	" "	2	"	
September,	"	10	" "	4	"	
October,	"	9	" "	5	"	
November,	"	12	" "	6	"	
December,	"	15	" "	6	"	
January,	1884.....	24	" "	6	"	
February,	"	8	" "	2	"	
March,	"	11	" "	3	"	
April,	"	9	" "	0	"	
Total.....		113		36		

Percentage of deaths to cases, 31.86 per cent.

Health Inspector Newton expresses the opinion that not more than two per cent. of the cases of diphtheria were concealed from the health authorities by reason of non-report from attending physicians.

Cases of scarlet fever were reported from various parts of the city throughout the year. It has generally been mild in type. Its prevalence is referred to in the com-

munication of one physician as epidemic in character. There were reported to the Board of Health five hundred and six cases of this disease, with sixty-nine deaths, distributed as follow:

May,	1883....	48	cases	reported,	8	deaths.
June,	"	26	"	"	4	"
July,	"	30	"	"	10	"
August,	"	34	"	"	4	"
September,	"	45	"	"	7	"
October,	"	41	"	"	6	"
November,	"	69	"	"	9	"
December,	"	73	"	"	7	"
January,	1884....	58	"	"	4	"
February,	"	22	"	"	5	"
March,	"	45	"	"	3	"
April,	"	15	"	"	2	"
Total.....		506			69	

Percentage of deaths to cases, 13.63 per cent.

An epidemic of measles, severe in type, prevailed in this city during the winter and spring. The disease was very often complicated with pneumonia and severe bronchitis. There were fifteen deaths reported, which were distributed as follows:

October,	1883.....	1 death.
December,	"	2 deaths.
January,	1884.....	8 "
March,	"	3 "
April,	"	1 "
Total.....		15

Dr. Newton, to whom I am indebted for the statistical part of this report, considers that measles has been the primary cause of death in a number of cases reported as having died from bronchitis and pneumonia.

There have been no cases of variola since April, 1883.

PHILANDER A. HARRIS, *Reporter.*

SALEM COUNTY.

To the Chairman of the Standing Committee, &c. :

Perhaps our county has not, during the present year, had more than the usual amount of sickness, this spring proving quite a contrast as compared with that of last year. In general character the troubles of the year have been those that usually attend the several seasons. Malaria generally plays an important part in our practice, and has the past year proved no exception as an element requiring medical attention. Still, the number of remittent and intermittent fever cases have not been so large as in the year preceding, when in frequency of occurrence and recurrence it might have been considered epidemic. Parotitis and measles have been almost universally epidemic. A great many cases have occurred in our city, and I find the physicians of the county have met with these affections very often.

Measles seem to attack those who thought they enjoyed a perfect immunity—having had the disease previously. Yet this did not seem to prove a safeguard, as those having it before were again attacked, a case occurring in my own practice having had this year measles for the third time.

In several of the cases of mumps, occurring more

particularly in the male than female, there has been considerable trouble caused by the metastatic tendency of the affection, the testicle becoming considerably enlarged and inflamed, causing not a little anxiety to the patient, one case, in whom the complication proved most alarming, atrophy of the testicle following the subsidence of acute symptoms.

Very few cases of diphtheria and scarlet fever. Articular rheumatism has been quite prevalent, a number of the cases being among children.

As regards alimentary affections, they have not prevailed to an unusual extent during the year. This might be considered the more remarkable, as the increased use of water for drinking purposes supplied by the waterworks, and its impurity in the summer months, would tend to increase bowel troubles.

Although this water is obtained from a pond with mud bottom, is decidedly discolored, and from smell would be supposed to contain more or less decaying vegetable matter, yet, even with its frequent use last summer for all purposes, no sickness was ascribed to this source, and throughout the year we can find no trouble that points its origin to this as a contaminating medium.

The mortality among children has been less this year than the one previous, and in the summer season fewer cases of cholera infantum and allied diseases have occurred among them.

CLIFF. M. SHENON, *Reporter.*

MAY, 1884.

SOMERSET COUNTY.

To the Chairman of the Standing Committee, &c.:

Our county has been free from any alarming epidemics. I have but little to report beyond the usual routine of practice, not having received any communications from outside members; and this being so, conclude they have nothing special to send me.

W. B. RIBBLE, *Reporter.*

EAST MILLSTONE, May 14th, 1884.

SUSSEX COUNTY.

To the Chairman of the Standing Committee, &c.:

I have been enabled to gather from intelligent citizens from the different quarters of the county, that the year has been a very healthy one; that there have been no epidemics of any account, and less than the usual amount of disease arising from malaria.

Dr. J. L. Allen, of Lafayette, in a few lines states that he has not known so healthy a season in forty years.

Dr. John Miller, of Andover, reports that in his practice (a district nearly always laden with malaria) there has been much less than the average amount of sickness. In the autumn there were a few cases of cerebro-spinal meningitis, following a mild form of remittent fever. Three out of the number were fatal. One of the characteristics of the malady was permanent contraction of the muscles of the *right* side of the body, the head being drawn and fixed at an angle with the spinal column, and, in the fatal cases, remaining in that position, paralysis and death soon following. It is to be regretted that the Doctor did not furnish a detailed history of one or two cases, and more

particulars in regard to the number of cases, age, sex, per cent. of recoveries, etc.

The Doctor also reports a case of senile gangrene, which may be of interest. The patient was a male, 80 years of age. On his first visit he found him in feeble health and suffering with acute pain in the left foot; skin of the toes, black, cold and insensible; ankle and instep swollen, and the surrounding tissues infiltrated. The foot had been poulticed. The poultices were removed, the foot first washed with strong suds of castile soap, followed by another wash of strong solution of carbolic acid, and afterward enveloped in an ointment composed of vaseline and iodoform. The constitutional treatment followed was rare broiled beef, with but little other food, and a tablespoonful of old apple whiskey after each meal. Anodynes were prescribed, sufficient to relieve pain. Health and strength slowly improved, and, after a few weeks, the anodynes were withdrawn. In time, all the toes dropped off except the small one; healthy granulations formed at the stumps, healing kindly. The foot is now perfectly sound, the health and strength good, and at present, after fifteen months of illness, the patient is enabled to walk a mile or two at a stretch without fatigue.

In Newton and its vicinity I do not think the character of diseases has undergone any material change for some years. We are still subject to intermittent and remittent fevers, but rather less than for the two preceding years. Last year and the year before, at Baleville, along the line of the new railroad, nearly every family in the village suffered more or less from fevers, and chills and fever, but for the past year I have heard but little about it. In our village (Newton), some attention has been given, for the past two years, to the sanitary laws, and I trust we have already been able to note the benefits arising therefrom.

To be a member of the Board of Health in a town of this size is not an enviable position. One has to contend against ignorance and prejudice, and the inhabitants need to be taught, persuaded and threatened into conformity with the requirements of the health laws. I think the milder course has been pretty generally pursued by our health officials, and we are getting on very well.

L. D. MILLER, *Reporter.*

NEWTON, N. J., May 21st, 1884.

UNION COUNTY.

To the Chairman of the Standing Committee, &c.:

From the almost total absence of information derived from the members of the profession in Union County, I have not the data from which to give a full report. From such information as I have received, I am convinced that the county has enjoyed an immunity during the past year from any decided epidemic influences.

I hereby submit a few facts concerning the Muhlenberg Hospital, at Plainfield.

M. B. LONG, *Reporter.*

PLAINFIELD, May 14th, 1884.

MUHLENBERG HOSPITAL, IN THE CITY OF PLAINFIELD, NEW JERSEY,

Was incorporated May 10th, 1877, under an Act of the Legislature providing for the erection and maintenance of hospitals, infirmaries, orphanages, asylums and other charitable institutions. The first meeting of the Board of Governors was held July 17th, 1877, at which time an organization was completed, and by-laws governing the Society were adopted. The corner-stone of the Hospital was laid May 31st, 1880, and opened for the reception of patients Nov., 1881.

The government of the Hospital is vested in a board of nineteen Governors, but the immediate control of the management is in the hands of a managing committee, consisting of five Governors, chosen each year, who are responsible to the Board for the general working of the Hospital, admitting patients, &c. The Medical Staff is divided into surgical and medical departments. Eight physicians constitute the present Staff—four in each department. A consulting physician and surgeon are also attached to the Staff. One physician and one surgeon serve at the Hospital for three months at a time, whose services are gratuitous. The Hospital building is constructed on a plan commonly known as a "Cottage Hospital." Has two wards, with accommodations for six patients in each, which can be increased, should necessity require. The working force consists of a Superintendent and nurse, with two house servants. The Hospital is situated on the outskirts of the city, in a very favorable location, which was selected as being best adapted for the purpose, there being sufficient ground about the building to insure its being kept, to a certain extent, isolated.

Total number of patients treated at the Hospital from Dec. 1, 1881, to Jan. 1, 1883	52
From Jan. 1, 1883, to May 1, 1884	60
Total	112

In addition to the work of the Hospital proper, a dispensary for the treatment of out-door patients has been carried on with marked success.

Cost of building and furniture, about	$6,700
Estimated cost of maintenance per year	1,800

WARREN COUNTY.

To the Chairman of the Standing Committee, &c.:

Nothing seems to have transpired among the members of our County Society during the past year of sufficient importance to cause more than one or two of my brethren to send me a communication.

We have the honor of having two living Fellows in our county, and a number of others who are eligible to the same distinction by reason of long and honorable service in the profession. We have also a number of young and aspiring M. D.'s who certainly are able to give us a modest and moderate report of their doings in our county. We have waited in vain, and the little we send has been obtained through many trials and tribulations.

In the obituary notice of James Clark Fitch, M. D., of Hope, N. J., I must not forget the kindness of the venerable Caleb Swayze, of the same town, who rendered me much assistance in obtaining valuable material.

Dr. P. F. Hulshizer, of Stewartsville, sends a short communication, in which he gives an account of five cases of scarlatina, evidently spontaneous, occurring in two families living about one hundred yards apart. The disease manifested itself in the two families about the same time. No other cases far or near, nor had the children visited each other for many days. None of them had been from home for some weeks. Speaking of intermittent fever, he says: "I have concluded the only sure success in treatment is in heroic doses—say from fifteen to twenty grains—of quinine, repeated every four hours until three doses are taken. In five or six days repeat the same dose in the same way, and again in the same length of time repeat, and so on four or five times. Of all the ways to take sulph. quiniæ (and I speak from experience), the powder is the easiest, taken in any sour juice, as cherry juice, and drank with water."

I have nothing from any other member of our Society except verbal reports, which are not as satisfactory as written ones, especially as, I am sorry to say, I have a poor memory. A few years ago we had a system, in which blanks were sent out to each member of every

District Society in the State. It worked better than anything we have had before or since.

In Phillipsburg and vicinity during the past year, we have had a very fatal type of acute inflammatory rheumatism, death, in several of the cases, resulting from carditis, pericarditis and endocarditis. The salicylates, I am inclined to think, are contra-indicated where there is the second attack of acute rheumatism.

J. H. GRIFFITH, *Reporter.*

PHILLIPSBURG, N. J., May 14th, 1884.

The Medical Society of New Jersey does not hold itself responsible for the sentiments expressed by the authors of papers; nor for the reports of clinical cases furnished by the reporters of the District Societies.—*Transactions, 1876, page 38.*

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At the meeting of the American Medical Association held at Washington in May last, an Amendment to Regulation II was adopted, which provides that—

Membership in the Association shall be obtainable by any member of a State or County Medical Society recognized by the Association, upon application endorsed by the President and Secretary of said Society; and shall be retained so long as he shall remain in good standing in his local Society, and shall pay his annual dues to the Association.

Applications for membership, in the manner specified above, accompanied with *Five Dollars'* for annual dues, should be sent directly to the Treasurer, DR. RICHARD J. DUNGLISON, Lock Box 1274, Philadelphia, Pa.; on receipt of which the weekly Journal of the Association will be forwarded for one year to such member.